



**Oregon Trail Community Foundation**  
P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361

## **PANHANDLE DRUG-FREE YOUTH SCHOLARSHIP CRITERIA**

### *For Drug-Free High School Seniors in The Nebraska Panhandle*

The Panhandle Substance Abuse Council established this fund in 2010. One \$500 scholarship will be awarded annually to a high school senior. Applicant must currently be a member of a drug-free youth group in the Nebraska Panhandle. Winners and alternates will be selected.

Downloadable application forms are available online at [www.otcf.org](http://www.otcf.org) or from the Oregon Trail Community Foundation office. For more information call (308) 635-3393.

Applicants must submit application and all supporting information to the Oregon Trail Community Foundation in an organized, readable form. **The deadline for applications is February 15th.** Recipients will be announced in May.

To qualify for the Panhandle Drug-Free Youth Scholarship, students must:

- Be involved in the community
- Be involved in school activities
- Be involved in alcohol and other drug prevention activities
- Submit a typed essay regarding their drug-free lifestyle
- Submit three reference letters – from a high school faculty member, a non-relative community member, and drug free program sponsor.

Scholarships are paid directly to the school.

The scholarship will be rescinded and awarded to the alternate if the recipient does not enroll as a full-time student for the first semester for which the scholarship is awarded.



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**PANHANDLE DRUG-FREE YOUTH SCHOLARSHIP APPLICATION**

Applicants must submit application and all supporting information to the Oregon Trail Community Foundation in an organized, readable form. *If it is not received by the February 15th deadline, the application will not be reviewed.* Attach copy of official ACT/SAT and high school transcript. Final grades for senior year are not required to apply. Please attach separate sheet if space is not adequate to list all information.

**Applicant's Full Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of High School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security or College ID # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Drug-Free Youth Group Name** \_\_\_\_\_

Length of Membership in Drug-Free Youth Group \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ # of Students in Class \_\_\_\_\_ GTE Score \_\_\_\_\_ Other \_\_\_\_\_

ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

College, university or technical school you plan to attend. *Attach college admission confirmation if available. Provide office and telephone number of the school and, if possible, name of a contact person at the school.*

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In what subject do you plan to major? \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ Anticipated Year of College Graduation \_\_\_\_\_

School-related activities including athletics, music, student government, etc.:

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Community-related activities including clubs, church groups, volunteer work, etc.:

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Local drug-free youth group involvement:

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Regional and statewide involvement in drug-free youth activities:

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Academic or drug-free honors:

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*Attach three letters of reference – a high school faculty member, a non-relative community member, and drug free program sponsor.*

Reference's Name	Relationship to Applicant	Phone #
1. _____		
2. _____		
3. _____		

*Attach a one-page typed personal essay, no more than two double-spaced pages, regarding the following:*

- Why should you be awarded this scholarship?
- Why are you participating in the prevention effort?
- How has the experience of being involved in a drug-free youth group been beneficial to you?
- How do you plan to continue being alcohol, tobacco, and drug-free?
- How do you see the role of youth in future prevention efforts?
- Why did you make the choice to be alcohol and drug-free?

Signature: \_\_\_\_\_ Date \_\_\_\_\_