



Annette Nelson Memorial Scholarship

In association with

Clarinda Regional Health Center (CRHC) Auxiliary

Background

This scholarship was established in 2017 to honor the life of Annette Nelson and to continue her legacy of service, generosity, and her love of sports. The Annette Nelson Memorial Scholarship is an annual award that focuses on recognizing ambitious, driven, and goal-oriented individuals with a background of consistent civic involvement or community service, and a love of playing or supporting any high school sports program.

The recipient will receive a one-time award of \$1,000 facilitated through the Clarinda Regional Health Center Auxiliary, a program Annette loved and devoted much of her time, to a graduating senior from Clarinda Community High School.

Applicant Qualifications and Guidelines:

- ❖ Graduating senior from Clarinda Community High School
- ❖ Cumulative GPA of 3.0 or above
- ❖ Participation in high school sports
- ❖ Civic or Community Volunteer
- ❖ Scholarship monies will be distributed directly to the college financial office after completion of one semester and proof of registration for classes in the second semester will be provided to the CRHC Auxiliary.

Deadline:

Application and letters of recommendation must be either returned to Tammie Driftmier in person or postmarked no later than April 15th. Mailing address is:

Annette Nelson Memorial Scholarship
c/o Tammie Driftmier
P.O. Box 217, 220 Essie Davison Drive
Clarinda, IA 51632

Thank you for applying for the Annette Nelson Memorial Scholarship. We look forward to receiving your application.

Sincerely,

CRHC Auxiliary

Annette Nelson Memorial Scholarship Application

Please print or type.

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Parent's Name: _____

Father's Employment: _____

Mother's Employment: _____

Number of siblings at home: _____ In College: _____

High School Graduated from: _____

Year Graduated: _____

Grade Point Average: _____ ACT Score: _____

List courses you have taken and experiences related to your field of study: (i.e. job shadowing)

List school-related extracurricular activities you are active in, specifically list sports involvement

and number of years: _____

List community and church activities you are active in:

List specific examples of volunteerism and approximate hours:

What schools are you interested in attending? _____

What is your course of study? _____

What was your family's income from the previous year? _____

*****Please submit three (3) letters of recommendation with this application and a short essay about your educational goals. The three (3) letters of recommendation should be from the following individuals:**

- **One letter from a volunteer coordinator**
- **One letter from a coach during your high school career**
- **One letter from a teacher in your high school**

Application must be postmarked no later than **April 15th** and mailed to:

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c/o Tammie Driftmier
P.O. Box 217, 220 Essie Davison Drive
Clarinda, IA 51632

I, _____ certify that the information provided is complete and accurate to the best of my knowledge. I also authorize my high school or college to provide any of my personal records or transcripts for the purpose of evaluating this scholarship request.

I also agree that if I am offered and accept this award from the Clarinda Regional Health Center Auxiliary, they may use my name, the name and address of my school, the amount of the award, and the name of the college I am attending in press releases, public announcements, or other promotional materials. I will be available to schedule pictures necessary for press releases.

Applicant's Signature

Date