



2017
GALEN JUEDEN
MEMORIAL SCHOLARSHIP

Name of Scholarship Applicant: _____

Cedar Knox Rural Water Customer: Yes _____ No _____

Mailing Address: _____

Father/Mother/Guardian Name: _____

Name of High School: _____ Graduation Date: _____

Guidance Counselor _____

Future Education Plans: _____ At which college: _____
(Education Major)

College Address: _____

PLEASE ATTACH AN ESSAY REFLECTING HOW YOUR FIELD OF STUDY AND YOUR CAREER GOALS WILL DEVELOP DEDICATION, THE WILLINGNESS TO PUT FORTH 100% EFFORT, AND OTHER POSITIVE CHARACTERISTICS THAT WILL BENEFIT YOU, YOUR FAMILY, YOUR COMMUNITY, AND YOUR CAREER. (not to exceed 500 words)

Community and School Activities: _____

Please include a senior picture with application

Applicant Signature

Date

(Return application to Cedar Knox Rural Water Project, PO Box 518, Hartington NE 68739)