



PO Box 422, 17200 Bluff Road ~ Waverly, NE 68462
(402) 786-3003

Email: cctwaverly@gmail.com
Website: cctthreshers.org

Camp Creek Threshers Scholarship Guidelines

(Applicants: Please retain a copy of these guidelines to use as a check-off sheet)

Eligibility of Applicants

- Child or Grandchild of a CCT member or a CCT volunteer with a recommendation from a CCT member
- Member of the Waverly FFA or Waverly Boy Scouts and has been active in supporting CCT as a volunteer through one of these programs
- Applicate must be eligible to attend either an accredited 2 or 4 year institution after high school graduation or by having achieved the equivalent of a high school diploma in the form of a GED

Application Requirements

- Complete a CCT Scholarship Application (in ink, or typed, keep a copy for your records)
- Complete a 200 word essay about yourself (in ink or typed)
- Complete a 200 word essay on recommendations to attract more people in your age group to the annual show (in ink or typed)
- Completed Guidance Counselor Recommendation Form (if applicant has earned a GED then this form can be completed by a non-relative character reference)
- The application must be received by CCT in no later than March 20 of the current calendar year. If this date falls on the weekend, the deadline will be the Monday after March 20th.

Scholarship Selection

A maximum of 2 scholarships not to exceed \$250 each can be granted each year*. Criteria will include an applicant's volunteer history, content of the essays, the ratings on the recommendation form, school activities, honors, and other activities and organizations in which the applicant is involved. The CCT scholarship committee will forward its recommendation to the CCT Board of Directors. The final decision is the responsibility of the Board of Directors. CCT will announce the scholarship winners no later than April 30th.

* Applications are only considered if applications are received by the scholarship deadline.

Notifications

- Applicants selected to receive a scholarship will be notified at the address given on the application
- CCT will also notify the scholarship winner's high school. This will be in the form of a CCT Scholarship Certificate which can be presented by the high school to the scholarship winner.

Payment of Scholarship Funds

After the applicant provides proof they have successfully completed 1 quarter or 1 semester to CCT, funds will be paid directly to the institution on behalf of the student. The student must also provide the mailing address of the school's Scholarship Department/Financial Aid Office and his/her student number. The expiration date for receiving the scholarship money is two years from the date recorded on the Scholarship Certificate.



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SCHOLARSHIP APPLICATION

FULL NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ CELL PHONE: _____

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL ACTIVITIES YOU HAVE BEEN INVOLVED IN DURING HIGH SCHOOL:

HONORS YOU HAVE RECEIVED:

ACTIVITIES/ORGANIZATIONS INVOLVED IN OUTSIDE OF HIGH SCHOOL:

WHAT HAS BEEN YOUR INVOLVEMENT WITH CCT?

WHERE ARE YOU PLANNING TO ATTEND COLLEGE? _____

ANTICIPATED START DATE: _____ MAJOR: _____

Additional Application Requirements:

1. Attach a short essay about you. This can include your future plans and how you would use the scholarship. (A minimum of 200 words not to exceed 1 page, in ink or typed)
2. Attach a short essay on your recommendations for how CCT can attract people from your age group to the annual show. (A minimum of 200 words not to exceed 1 page, in ink or typed)
3. Counselor Recommendation Form, give this form to your school Counselor to complete. Your Counselor must mail the completed recommendation form to Camp Creek Threshers address which is provided on the form.

Applicant Signature & Date: _____

Please send this Application and the 2 essays (**before March 20th**) to:

Camp Creek Threshers
Attn: Scholarship Committee
PO Box 422
Waverly, NE 68462



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SCHOLARSHIP-COUNSELOR RECOMMENDATION FORM *

NAME OF STUDENT: _____

Act Score: _____ GPA: _____ Rank in Class: _____

Please rate the student on the scale below (circle)

LOW / POOR / AVERAGE / HIGH / EXCELLENT

PERSONALITY: 1 2 3 4 5

ATTITUDE: 1 2 3 4 5

WORK ETHIC: 1 2 3 4 5

PROGRAM PROGRESS: 1 2 3 4 5

LEADERSHIP: 1 2 3 4 5

FINANCIAL NEED: ?

COMMENTS:

Counselor Signature & Date: _____

Please return this form **prior to March 20th** to:

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Attn: Scholarship Committee
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Waverly, NE 68462**

* If applicant has earned a GED, this form can be completed by a non-relative character reference.