



## Marna M. Kuehne Endowed Scholarship for Johnson County

Scholarships will be awarded to Veterans who are Wyoming residents. Preference will be given to qualified disabled veterans attending Sheridan College in Johnson County. The veteran must have a documented disability rating determined by the U.S. Department of Veteran Affairs.

Additional awarding considerations: Wyoming veterans who do not have documented disability are still encouraged to apply and will be considered based on available funding. The scholarship may be used by full-time or part-time students at any of the locations where NWCCD offers a degree program. Scholarship funds can be used for credit or non-credit courses and may be used for workforce development or community education classes.

Selection will be made by the Director of Sheridan College in Johnson County and the Veterans Services Director.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Educational Goal: \_\_\_\_\_

Military Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

Courses enrolled and Campus location(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your financial need (*Attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Financial Aid sources and amounts (*Attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I believe the information furnished is correct and complete. I give consent to have my grades or financial information released to the scholarship committee. My name and photograph can be released to the media. I further state my intention to successfully complete all requirements for the class(es) associated with this scholarship application.

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