

## **The Luann Anderson P.E.O. Scholarship**

The Luann Anderson P.E.O. Scholarship was established to promote excellence in education and give opportunity to young women pursuing careers in non-traditional areas such as: cosmetology and interior design.

Members of P.E.O. Chapter EG's Scholarship committee will select the recipient by considering their scholastic achievement, character, personality, qualities of leadership, and their ability to communicate in written and oral forms.

Every graduating senior girl of Fort Morgan High School and /or Lincoln High School will be eligible for consideration regardless of race, creed, color or religious preference upon receipt of proper application.

- Due to our charitable classification and in order to comply with P.E.O. requirements and IRS regulations, selection of recipients must be in accordance with established guidelines provided by the P.E.O. Foundation.

### **Application Procedure**

1. The application should contain:

- a. Application form
- b. Personal **handwritten letter or typed** outlining goals and objectives for the future
- c. One letter of recommendation written by an adult familiar with your career goals: (not a relative)
- d. Official transcript of high school courses and grades

2. Applicants selected as finalists will be invited for a personal interview in April with the Chapter EG Scholarship committee. At this time the applicant, will be asked questions regarding strengths/weaknesses, past honors and future expectations.

3. Completed applications are due to: Scholarship Coordinator/Fort Morgan High School Counseling office or to: Lincoln High School Counselor/ Lincoln High School on or before: **April 29, 2022.**

4. The amount for year 2022 will be **\$3,000.00.**

5. Questions concerning the scholarship or application should be directed to Sara Canfield, 970-867-9680, or e-mail to: [jkc19307@msn.com](mailto:jkc19307@msn.com).

### ***Luann Anderson P.E.O. Scholarship Application***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any activities, organizations, offices, committees and honors that have been important to you (attach additional sheet if necessary)

Check one statement below, which indicates your financial ability to attend the institution of your choice:

---

will NOT be able to attend college without financial aid

will probably attend college BUT will need some financial aid

will be able to attend college WITHOUT financial aid

You may wish to attach a statement concerning your financial circumstances as they relate to attending the educational institution of your choice

Name one individual, other than a relative, who we may contact who would serve as a personal reference for you:

Name \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_