



2024 Raymond Hellmann Memorial Scholarship Application

For Award for Use in Academic Year 2024-2025

Refer to Scholarship Announcement for eligibility requirements.

Please Type or Print Legibly

Full Name Last First Middle

Northern Nevada Address Street City/Zip Phone / Email

I. Scholastic

School Presently Attending:

Anticipated Graduation Date:

Cumulative Grade Point Average: (transcript must be attached)

Scholastic awards or achievements:

If not currently enrolled in a professional degree program, list anticipated university:

Anticipated Enrollment Date:

II. Accomplishments & Goals

A. List any community service you have been involved in:

B. List any non-academic awards you have received:

C. List any extra-curricular activities you have been involved in, jobs you have held and/or any special areas of interest:

D. What are your plans for completing your professional architectural education?

E. How do you plan to use your architectural education (i.e., "Why do you want to be an architect?"):

F. Where do you see yourself working after licensing? _____
(Area of the country, not firm)

III. Information Pertaining to Principal Wage Earner(s)

_____Self _____Spouse _____Parent(s) _____Guardian

Name (if different from above) _____

Home Address _____

Total number of persons dependent on principal wage earner (including children) _____

IV. Estimated Budget

For the academic year 2024-2025, estimate your expenses based on two (2) semesters and a 35-week year. Round figures to the nearest \$100.00.

INCOME		EXPENSES	
Aid from family	\$ _____	Tuition & Fees	\$ _____
Summer Earnings	\$ _____	Books & Materials	\$ _____
Personal Savings	\$ _____	Room & Board	\$ _____
School Term Employment Earnings	\$ _____	Misc. Personal & Incidental Expenses	\$ _____
Assured Scholarships	\$ _____	(Include expenses for such costs as clothing, Laundry, transportation, and entertainment and Recreation)	
Loans	\$ _____		
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

NET DEFICIT FOR ACADEMIC YEAR 2024 – 2025 \$ _____

Describe any special needs, burdens or expenses:

V. Letters of Support

Provide a minimum of two letters of support from someone familiar with you and your accomplishments.

VI. APPLICANT’S CERTIFICATION

I have read the accompanying Raymond Hellmann Scholarship eligibility requirements and certify that the information contained in my application is complete and correct to the best of my knowledge.

Signature of Applicant

Date

VII. SUBMITTAL CHECKLIST

Signed Scholarship Application _____

Scholarship Award Information (Next Page) _____

Copy of educational transcript _____

Two letters of support _____

VIII. SCHOLARSHIP AWARD INFORMATION

Applicant Name: _____

College: _____

Address for Bursars Office

Bursar’s Account Number _____
(Typically student ID or SSN)

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*Since award will be bestowed **after** school is out, please be sure to include a permanent home address email and phone number for notification:*

Address: _____

Phone: _____

Email: _____