
BEN KETTERHAGEN MEMORIAL SCHOLARSHIP

PURPOSE: Ben Ketterhagen was a 2001 graduate of Catholic Central High School who turned the tragedy of his death into the gift of life through kidney donation. The purpose of this scholarship is to be given in memory of Ben. We wish to recognize a student who embraces the opportunity to help others through organ donation.

AMOUNT: \$300 to be awarded to a Catholic Central High School junior and applied towards tuition the fall of his/her senior year.

ELIGIBILITY: Junior registered as an Organ Donor and enrolled in good standing at Catholic Central High School.

(For information on the process of becoming an organ donor, go to the Blood Center of Wisconsin's website at: <http://www.bcw.edu/bcw/Organ-Tissue-Marrow/Becoming-an-Organ-and-Tissue-Donor/index.htm>)

APPLICATION PROCESS: Applicants must complete the provided application form in its entirety to receive any consideration for this scholarship. Incomplete forms will not be considered. Include proof of registration as an organ donor (example: sticker on driver's license). Also include a type-written essay on the importance of organ donation and how organ donation impacts the families of both recipients and donors (max 500 words). Submit all to:

Ben Ketterhagen Memorial Scholarship
Attn: Georgean Selburg
Catholic Central High School
148 McHenry Street
Burlington, WI. 53105

DEADLINE: Application must be received no later than **March 31st**.

SELECTION PROCESS: The family committee will review all applications and make the final decision.

PAYMENT PROCESS: The recipient will be recognized at their annual awards ceremony. The scholarship money will be applied to the student's tuition, the fall of their senior school year.

CERTIFICATION: I hereby certify that all of the information provided in this application is complete, true and correct. I also know that the decision of the selection committee is final.

Name _____ Date _____
Please Print

Signature _____

BEN KETTERHAGEN MEMORIAL SCHOLARSHIP

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

ACTIVITIES: SCHOOL AND COMMUNITY: _____

HOBBIES/INTERESTS: _____

*****Enclose proof of organ donor registration (copy of license) and essay for consideration.**