



SCHOLARSHIP APPLICATION

Foundation for Lincoln Public Schools
5901 O Street, Lincoln, NE 68510
(402) 436-1612 • www.foundationforlps.org

REFER TO SCHOLARSHIP OR AWARD CRITERIA FOR THE EXACT DEADLINE DATE

Please type or print clearly.

SCHOLARSHIP

PERSONAL DATA

Name
Last First Initial

Address

City, State, Zip

Phone

Parent(s)/Legal Guardian(s)

Address

City, State, Zip

Phone

I will graduate with the class of

High School:

ACADEMIC DATA

Cumulative Weighted Grade Point Average:

Cumulative Weighted Class Rank:

ACTIVITIES in which you have participated and **HONORS** which you have received during grades 9-12.

School:

Community:

Employment (or other time-consuming responsibilities):

ESSAYS: Please answer the following questions in the space provided.

Describe a meaningful school or community service activity in which you have participated. How did this activity benefit others and how did it benefit you?

What future educational, occupational, and personal goals do you have? What plans have you made for the next five to ten years? Be specific.

Please include three letters of support from people who can speak about your activities, talents, character, and motivation. Submit these letters with your application. Advise your references that letters may be submitted in sealed envelopes for confidentiality.

The information contained herein is true and accurate to the best of my knowledge.

Applicant's Signature

