



SCHOLARSHIP APPLICATION

Foundation for Lincoln Public Schools
P.O. Box 82889, Lincoln NE 68501
(402) 436-1612 www.foundationforlps.org

REFER TO SCHOLARSHIP OR AWARD CRITERIA FOR THE EXACT DEADLINE DATE

Letters of Reference: need three letters of support speaking about your activities, talents, character, and motivation. Submit letters with your application. Letters may be submitted in sealed envelopes for confidentiality.

Please type or print clearly.

SCHOLARSHIP _____

PERSONAL DATA

Name _____
Last First Initial

Address _____

City, State, Zip _____

Phone _____

Parent(s)/LegalGuardian _____

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** 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: (250 word minimum for each section.)

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

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

Signature

FINANCIAL STATEMENT

A. Personal Data

Family

1. Age of parent(s)/legal guardian(s) Father ____ Mother ____
2. Marital status of parents: _____
3. Total number of family members: _____
4. Number of dependent children in college (next school year): ____

Income (Most recent taxable year)

5. Parents adjusted gross income \$ _____

B. Estimated Expenses/One Year

College(s) you are considering, plan to attend, or have been accepted to:

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6. Tuition and Fees \$ _____
 7. Room and Board \$ _____
 8. Books and Supplies \$ _____
 9. Personal Expenses \$ _____
 10. Transportation \$ _____
 11. Total Expenses (add lines 6-10) \$ _____

C. Resources

12. Estimate of parent's contribution toward total expenses listed on line 11 \$ _____
13. Estimate of student's contribution toward total expenses listed on line 11 \$ _____
14. Estimate of financial assistance from all other sources applicable toward total expenses listed on line 11 \$ _____
15. Total resources (add lines 12-14) \$ _____

D. Summary and Need

16. Total Estimated Expenses listed on line 11 \$ _____

17. Minus amount on line 15 \$ _____

18. Equals estimated financial need \$ _____