



8231 Northwoods Dr., Ste B * Lincoln, NE 68505 * (402) 476-2951

Application for the Memorial Scholarships

This application must be postmarked by **March 1, 2017** and mailed to:

Selection Committee
Independent Insurance Agents of Nebraska Foundation
8231 Northwoods Dr., Ste B
Lincoln, NE 68505.

Section I. Information to be supplied in applicant's handwriting:

Student's Full Name: _____ Home Phone: _____

Full name of parent(s) or guardian(s): _____

Permanent address of parent(s) or guardian(s): Street: _____

City: _____ State: _____ Zip: _____ County: _____

What college do you plan to attend? _____

Date you expect to enter (Month/Year): _____

Please list all other scholarships, awards or financial aids for which you have applied, or have been granted for the coming school years.

Name of Financial Aid	Value	Has it been granted?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use additional sheet if necessary.

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Section II. Supporting documents to include.

(This section may be handwritten or typed on separate pages.)

1. **In a paragraph (no more than one page)**, why do you believe you should be awarded this scholarship?
2. **In a paragraph (no more than one page)**, what will be your major area of college study and what are your educational plans/career goals?
3. **A resume of your high school career (no more than 3 pages)**. Please limit to years while in high school. Areas to possibly include, **but not limited to**, are:
 - School organizations/memberships and offices held.
 - Athletic involvement: number of years for each and honors earned.
 - School Volunteer Opportunities.
 - Community involvement opportunities.
 - Employment history, if applicable.
4. **Recommended:** Letter(s) of recommendation. **Please limit to no more than 3 letters.**

The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant's scholastic standing and other factors having a bearing on this application. If the applicant is chosen as a scholarship winner, the applicant agrees to provide the Selection Committee with evidence of being enrolled as a college sophomore and an official college transcript after his/her first full year of college.

Signature of Applicant

After you have completed your part of this application, present this to your school counselor or principal for certification and delivery to the scholarship selection committee.

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Section III. Information to be supplied by Principal or Counselor

1. This is to certify that the above applicant ranks _____ in a class of _____ seniors.
2. Date of high school graduation will be _____.
3. The applicant has taken the following college entrance examinations under a statewide testing program: (Please note if ACT or other test was taken more than once, you may list the highest only or list in chronological order from previous to present.)

Name of Test

Score(s)

4. Please verify the previous information is correct and valid.

Principal or Counselor

Name of High School: _____

Mailing Address: _____

Phone: _____

Fax: _____

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Lincoln, NE 68505

Questions? Call the Foundation Office at (402) 476-2951 in Lincoln or 1-800-377-3985.