

**NEBRASKA ELKS ASSOCIATION
VOCATIONAL SCHOLARSHIP APPLICATION**

Name _____ Social Security # _____

Street Address _____ Phone _____

City/State/Zip _____

Date of Birth _____ Place of Birth _____ Age _____ Sex _____
City/State

Citizenship USA: YES NO (Applicant must be a citizen on the date this is signed. If not born an American citizen, please give date and place of Naturalization.)

Date _____ Place _____ # _____
City/State

Name of High School Attending _____

Address _____ Year of H.S. Graduation _____

Grade Point Average _____ Class Rank _____

I certify that the statements contained in this application are true.

Signature of Student Date: _____

The Scholarship Chairman or Exalted Ruler or Secretary of the Nebraska B.P.O. Elks Lodge, in the jurisdiction where the applicant is resident, must sign the Lodge endorsement certifying that the application has been reviewed. Applications should not be endorsed if they do not essentially conform to the requirements outlined in this application or required facts.

This application, with attached exhibits, has been reviewed and conforms to the rules and regulations set forth by the Nebraska Elks Association.

Lodge Name _____ Number _____

Date _____ Signed _____
Lodge Scholarship Chairman or Exalted Ruler or Secretary

College or Vocational School planning to attend _____
FULL NAME – NOT Initials

Address _____
Street Address City/State/Zip

First Year – Date course will begin _____ 20____ Date course will end _____ 20____

Second Year – Date course will begin _____ 20____ Date course will end _____ 20____

Vocational Goal (Give name of course of study) _____

At completion of this course I will receive a Certificate Diploma or a _____ Degree (type of degree)

Do you plan to continue on to a 4-year degree? YES NO Undecided
Employment record (employer, address, dates of employment person to contact about employment, position)

Honors & Awards – Non-school related (Civic) _____

Offices or positions held (Organization, position, year) _____

Other Activities (School or Civic) _____

TO BE COMPLETED BY ALL APPLICANTS

Budget for one full Academic Year

This grant can be used only to cover the items in A-B & C below. It may not be used for general living expenses such as apartment rent, mortgage payments, automobile expenses for use or maintenance of a car. It may not be used for child care costs. Incomplete or unnecessary information in this section can not be evaluated.

- A. Tuition and Fees (full academic Year, not monthly) \$ _____
- B. Books and Supplies \$ _____
- C. Room and Board (only if living on campus) \$ _____
- D. Total of above – Add Lines A, B & C \$ _____
- LESS ANTICIPATED AMOUNTS AVAILABLE FOR EDUCATION (income)
- E. Parent(s) Contribution \$ _____
- F. Student's Contribution \$ _____
- G. Summer earnings \$ _____
- H. College Work/Study Employment \$ _____
- I. Other Scholarships, Grants or Loans (List name & amounts in detail):

_____ \$ _____
- J. Total of above – ADD lines E, F, G, H & I \$ _____
- Amount needed to balance school budget for one year. SUBTRACT Line J from D \$ _____

This is an assistance grant and not intended to cover the full cost of your education. It is the responsibility of the student to also seek assistance for other sources and to demonstrate that the amount not covered by this grant can be obtained through personal or parental contribution or through other sources of assistance programs.

To properly evaluate this application, the information on these 2 pages is essential. Choose the area which best fits the applicant's circumstances. A dependent applicant is one who relies on his/her parents for the basic & major portion of his/her support. An independent applicant on his/her own and derives the basic and major portion of his/her support from himself/herself and/or a spouse. Incomplete information in this area will disqualify applicant.

TO BE COMPUTED BY UNMARRIED APPLICANT DEPENDENT ON PARENTS

Father's name _____ Age _____ Occupation _____

Mother's name _____ Age _____ Occupation _____

Parent's marital status:

Mother: Married Widowed Divorced Remarried

Father: Married Widowed Divorced Remarried

Father's annual income before taxes \$ _____

Mother's annual income before taxes \$ _____

Applicants annual income before taxes \$ _____

All other taxable or non-taxable income not included above (include pensions, Social Security, Disability, interest, dividends, etc – explain source

_____ \$ _____

_____ \$ _____

GROSS INCOME (total of above)

\$ _____

Number of Dependents (Excluding mother & father) _____

Number of Dependents attending college this current school year _____

Last year's Medical & Dental expenses not paid by insurance _____

Emergency expenses (flood damage, etc.) _____

Total market value of home \$ _____ Amount of unpaid mortgage \$ _____

If no home is owned, amount of annual rent \$ _____

Do you own a farm or Business: Yes No If YES, what is market value \$ _____

What is the net profit? \$ _____

Value of bank accounts \$ _____

Value of other investments (CD's, stocks, bonds, etc. – explain sources) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Any unusual circumstances, please explain _____

Does Mother or Father have a pension plan other than Social Security? YES NO

