

Sowers Club of Nebraska Foundation
Scholarship Application

Continuing Education
1701 S. 17th Street, Suite 1H, Lincoln, NE 68502

****Handwritten Documents will not be accepted****

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Are you a U.S. Citizen? _____

Have you filed an application for financial aid? Yes: _____ No: _____

Gender: Male: _____ Female: _____

Date of Birth: _____ Employer: _____

College Grade Level: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____
Semester: _____

Indicate the amount of credit hours you are planning for the year: _____

Are you a New Student: _____ Transfer Student: _____

Marital Status: _____

Number of Children (if applicable) _____

Major Course of Study: _____

Cumulative GPA: _____

Expected Graduation Date: _____

- Please attach documentation listing Extra-Curricular Activities in which you have participated in for the past three years.
- Please attach documentation listing scholarships you have applied for. Indicate the scholarships in which you have been awarded.
- Please include an essay on your future career plans.

I certify that the statements made on this application are correct and complete to the best of my knowledge. I authorize the Sowers Club of Nebraska Foundation to release any information which may be required to determine my eligibility to receive scholarship assistance.

Signature of Applicant

Date

AUTHORIZATION AND RELEASE

TO: THE SOWERS CLUB OF NEBRASKA FOUNDATION:

I am a full-time student at _____ College, _____, Nebraska. I have applied for the Sowers Club of Nebraska Foundation Scholarship, and I understand the recipient of this scholarship will be selected by the Sowers Club of Nebraska Foundation. I further understand criteria to be considered by the Sowers Club of Nebraska Foundation in awarding the Scholarship include financial need, current employment, and character. Accordingly, I hereby authorize the Sowers Club of Nebraska Foundation and any duly authorized representative(s) thereof to verify my current employment (including but not limited to length of service, number of hours worked per week, and prospects for continued employment) with the employer(s) identified below and to conduct an investigation as to whether I have any history of criminal activity, AND I DO HEREBY FURTHER AUTHORIZE THE EMPLOYER(S) IDENTIFIED BELOW AND ANY OTHER PERSONS HAVING INFORMATION REGARDING MY CURRENT EMPLOYMENT AND/OR ANY HISTORY OF CRIMINAL ACTIVITY TO PROVIDE SUCH INFORMATION THEY MAY HAVE REGARDING ME TO THE SOWERS CLUB OF NEBRASKA FOUNDATION, AND I DO HEREBY FURTHER RELEASE AND DISCHARGE THE SOWERS CLUB OF NEBRASKA FOUNDATION, AND ANY SUCH EMPLOYER AND OTHER PERSONS PROVIDING SUCH INFORMATION REGARDING ME, FROM ALL LIABILITY WHATSOEVER RESULTING FROM OR ARISING OUT OF REQUESTING, OBTAINING AND/OR PROVIDING SUCH INFORMATION, other than liability for malicious use and/or malicious dissemination of such information.

STUDENT

DATE

WITNESS

EMPLOYER(S)

Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____