

**Sowers Club of Nebraska Foundation**

**Milton Scholarship Application**

1701 S. 17<sup>th</sup> Street, Suite 1H  
Lincoln, NE 68502

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: \_\_\_\_\_

Extra-Curricular Activities in which you have participated (high school, college, community, other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

# Student Financial Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Status: New Student: \_\_\_\_\_ Continuing Student: \_\_\_\_\_

Military Status: Veteran: \_\_\_\_\_ Active Duty Military: \_\_\_\_\_ Military Spouse: \_\_\_\_\_

Will you receive military benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ How Much? \_\_\_\_\_

Will you receive tuition reimbursement from your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \_\_\_\_\_

Have you been awarded a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Details of scholarship: \_\_\_\_\_

\_\_\_\_\_

Do you have any other scholarship applications pending? \_\_\_\_\_

What is your current income? \_\_\_\_\_

Please list all sources of income:

Amount received \_\_\_\_\_

Source of income \_\_\_\_\_

Amount received \_\_\_\_\_

Source of income \_\_\_\_\_

Amount received \_\_\_\_\_

Source of income \_\_\_\_\_

Employer \_\_\_\_\_

Position Held \_\_\_\_\_

What are your current expenses? \_\_\_\_\_ (Total of below items)

Rent \_\_\_\_\_

Gas \_\_\_\_\_

Electric \_\_\_\_\_

Water \_\_\_\_\_

Garbage \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Cable \_\_\_\_\_

Food \_\_\_\_\_

Personal \_\_\_\_\_

Medical \_\_\_\_\_

Car Payment \_\_\_\_\_

Car Insurance \_\_\_\_\_

Car Gas \_\_\_\_\_

Day Care \_\_\_\_\_

Credit Cards \_\_\_\_\_

Student Loans \_\_\_\_\_

Other \_\_\_\_\_

How are you currently paying for your education?

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Misc. financial notes or explanations you would like to share with us:

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**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: \_\_\_\_\_