



## TERWILLIGER SCHOLARSHIP APPLICATION

**Return by January 30<sup>th</sup>, 2017 to:** Cassy Blakely, Nebraska Children and Families Foundation, 215 Centennial Mall South, Suite 200, Lincoln, Nebraska 68508 Phone: 402.817.2003, Fax: 402.476.9486, [cblakely@nebraskachildren.org](mailto:cblakely@nebraskachildren.org)

**Must Include with Application: Verification of Stewardship, Two Letters of Recommendation and a Personal Statement** of your significant experiences, community involvement, qualities of character and leadership, achievements and aspirations.

First Name _____		Last Name _____		Middle _____
Address _____		City _____	State _____	Zip _____
Phone _____	Cell/Other _____		Email _____	
Date of Birth _____	Social Security Number _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
High school attended (include address) _____				

Date of Graduation (if applicable) _____		Date of GED (if applicable) _____	
Are you attending or planning to attend the University of Nebraska-Lincoln?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your education status?	<input type="checkbox"/> First-time student <input type="checkbox"/> Returning student	<input type="checkbox"/> Transfer student	
What is your education level?	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
What school terms to you plan to attend?	<input type="checkbox"/> fall semester <input type="checkbox"/> summer session(s)	<input type="checkbox"/> spring semester	
How many hours per semester to you plan to take?	<input type="checkbox"/> 1-5 hours <input type="checkbox"/> 6-11 hours	<input type="checkbox"/> 12+ hours (full time)	
Planned Date of Graduation _____		Major _____	
Are you legal U.S. citizen? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a first generation college student? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for FAFSA? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for other scholarships? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list _____			

How long were you in state custody? \_\_\_\_\_

What is your care status? ☐ adopted ☐ guardianship ☐ reunified ☐ aged out

Last Case Manager _____	Phone _____	Email _____
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I certify that all information on this application is true, complete and accurate. I understand that any information given falsely or withheld may make me ineligible for consideration or award.

Applicant Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

Reviewed by Youth Leadership Team:

☐ Yes ☐ No

Renewal: ☐ Yes ☐ No

Awarded:

☐ Yes ☐ No

Amount: \$ \_\_\_\_\_