

SMILE OUT LOUD SCHOLARSHIP APPLICATION 2017

This application form must be completed by all students applying for scholarships from the Lincoln Community Foundation.

Include all applicable required attachments with your application. Do not include binders or report covers.

The deadline for the Lincoln Community Foundation-2017 Smile Out Loud Scholarship is March 15, 2017. Submit applications to robertm@lcf.org or Lincoln Community Foundation, 215 Centennial Mall South, Ste 100, Lincoln, NE 68508.

Scholarship Name:

BIOGRAPHICAL INFORMATION

Student First Name:

Last Name:

Middle Initial:

Current Address:

City:

State:

Zip:

Primary Phone Number:

This is my:

Cell

Home

Work

Email:

Gender:

Female

Male

Permanent Address (if not same as Current Address):

City:

State:

Zip:

Date of Birth:

Student's Status:

Dependent

Independent

If Independent, please explain:

[If you are an independent student, information about you and your spouse (if applicable) must be included. If you are an independent student, you do not need to supply information about your parents.]

Student's Marital Status:

Single

Married

Separated

Divorced

Widowed

If Married, name of Spouse:

Spouse's Employer:

Title:

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EDUCATION

Are you a:

GED Graduate

High School Senior

Undergraduate Student

Graduate Student

High School

High School Name:

City & State:

Graduation Year:

GPA:

Class Rank/# in Class (high school seniors only): /

ACT/SAT Score:

ACT

SAT

[Please attach a copy of your test score if it is not included on your transcript.]

High School Seniors Only – College or University you Plan to Attend:

College (Undergraduate and Graduate)

Current College/University:

City & State:

Year in School:

1st

2nd

3rd

4th

5th

Graduate

Anticipated Graduation Date:

GPA:

Major(s):

Minor(s):

Will you be registered as a full-time student during the 2017-18 academic year?

Yes

No

If no, please explain:

Do you expect to work during the academic year (including work study)?

Yes

No

If yes, how many hours per week?

Name of Employer:

Previous College/University:

City & State:

Dates Attended:

GPA:

Major(s):

Other Colleges/Universities Attended:

PARENT/GUARDIAN INFORMATION (Dependent Students Only)

Marital Status of Parents:

Single

Married

Separated

Divorced

Widowed

Father's Name:

Age:

Father's Home Address:

Mother's Name:

Age:

Mother's Home Address:

of Siblings:

of Siblings in College in 2017-18:

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ACTIVITIES & ESSAY

Academic, Extracurricular and Community/Volunteer Activities (Please list your activities in the space below, or attach your current high school or college resume and indicate that a resume is attached):

Honors and Awards (Please list honors and awards you have received, or attached your current high school or college resume and indicate that a resume is attached):

Essay—What future educational, occupational, and personal goals do you have? What plans have you made for the next five to ten years? Be specific. (Please respond in the space below or attach no more than 1 additional page with your essay. Your essay must be 500 words or less.)

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OTHER INFORMATION

Have you previously been awarded a Lincoln Community Foundation scholarship? Yes No

If so, which scholarship(s)?

How did you hear about scholarships offered by the Lincoln Community Foundation?

Counselor/Financial Aid Office	Newspaper Ad	Website
Educational Planning Center	Friend	Other
Previous applicant/recipient	EducationQuest Foundation	

Optional Information (for statistical purposes only—providing this information will not enhance or detract from your opportunity to receive consideration for a scholarship):

Ethnic Background (check all applicable):

Caucasian/White	African American/Black	Hispanic
American Indian/Alaskan	Asian/Pacific Islander	Other

Are you a first-generation college student?

Yes (parents/guardians did not attend college)

No (parents/guardians did attend college)

I certify that all of the information on this application form is true and complete to the best of my knowledge. If asked by the Lincoln Community Foundation, I agree to give documentation for information given on this form, and I realize that failure to comply with this request for information may prevent me from being considered for scholarships. I understand that falsification of any information may result in the termination of a scholarship if one is granted to me.

If I am selected as a recipient of a Lincoln Community Foundation scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship. I also agree that my name can be used in announcements made by the Lincoln Community Foundation regarding the particular scholarship(s) which I have been awarded. I understand that to receive my scholarship award, I will be required to submit a thank you letter to my scholarship donor(s) and proof of enrollment at my college/university.

Applicant's Signature:

Date:

Applications must be signed, or they will not be considered by the scholarship selection committee.

► **Attachments to this application may be required. Check the individual guidelines for each scholarship for these requirements (i.e. letters of recommendation, transcripts, financial information, etc.) at www.lcf.org.**