

## **TERWILLIGER SCHOLARSHIP APPLICATION**

**Return by February 1 to**: Cassy Rockwell, Nebraska Children and Families Foundation, 215 Centennial Mall South, Suite 200, Lincoln, Nebraska 68508 Phone: 402.817.2003, Fax: 402.476.9486, crockwell@nebraskachildren.org

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

First Name	Last Nan	Last Name			Middle			
Address		City		State		Zip		
Phone	Cell/Other	Cell/Other			 Email			
Date of Dirth	Social Social	Number		Gend	der 🗖 Male	☐ Female		
Date of Birth	Social Security	Number						
High school attended (include address	ss)							
Date of Graduation (if applicable)			Date o	f GED (if applica	ıble)			
What University of Nebraska campus	do you plan to atter	nd? □ K	earney	☐ Lincoln	□ Om	naha	☐ UNMC	
What is your education status?	Tirst-time student	☐ Returning	student	□ Transfe	er student			
What is your education level?	∃ Freshman	☐ Sophomor	e	☐ Junior		<b>J</b> Senior		
What school terms to you plan to atte	end? ☐ fall s	emester	□ summer	session(s)	□ spr	ing semeste	er	
How many hours per semester to you	ı plan to take?	☐ 1-5 hours	<b>1</b> 6-1	1 hours	☐ 12+ hou	urs (full time	)	
Planned Date of Graduation			Major					
Are you legal U.S. citizen?							s □ No	
Are you a first generation college stud	dent?						s 🗖 No	
Have you applied for FAFSA?								
Have you applied for other scholarshi	ips?						s □ No	
If yes, please list								
How long were you in state custody?								
What is your care status? ☐ add		dianshipped	☐ reur		☐ aged out			
Last Case Manager		none		 Email				
I certify that all information on this apmay make me ineligible for considera		plete and accu	ırate. I unde	erstand that a	any informatior	ı given false	ely or withheld	
Applicant Signature								
FOR OFFICE USE ONLY Reviewed by Project Everlast Co	uncil:	□ No	Renev		s 🗖 No			