

MARIE DENT SCHOLARSHIP APPLICATION FORM

Please type or print using BLACK ink.

ABSOLUTE DEADLINE: February 27, 2018. No incomplete or late applications will be considered.

Scholarship established in 1998 through a bequest in the will of Marie Dent (1909-1998) who came to North Platte in the early 1940s and was a very active volunteer in the community. Administered by Mid-Nebraska Community Foundation

- Who may apply?**
- 1) Students who are seeking a degree in Registered Nursing (RN) and who have been accepted into a program for registered nurses during the coming school year.
 - 2) Applicants must reside in one of the Nebraska counties of Custer, Dawson, Frontier, Hayes, Keith, Lincoln, Logan, McPherson or Perkins.
 - 3) Applicants must demonstrate financial need.
 - 4) Scholarships may be renewed upon re-application and selection from among all applicants.

Where can scholarship be used? At any accredited U.S. school that offers either an Associate or Bachelor's degree in Registered Nursing. Prior to payment of scholarship award, student must have been accepted into a program for registered nurses.

Number of scholarships and amount? Several scholarships will be awarded. Each scholarship typically is approximately \$1,000 and amounts may vary. Scholarship recipients will be notified by e-mail or mail.

STUDENT'S NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____ TELEPHONE _____

E-MAIL ADDRESS _____ BIRTHDATE _____

NAME & PHONE NUMBER OF RELATIVE OR CONTACT PERSON _____

HIGH SCHOOL AND MONTH/YEAR OF GRADUATION _____

CUMULATIVE GRADE POINT AVERAGE: IN HIGH SCHOOL _____ IN COLLEGE, if applicable _____

COMPOSITE ACT SCORE OR OTHER TEST SCORES _____

DESCRIBE ANY COLLEGE PROGRAMS YOU HAVE TAKEN INCLUDING NAME OF COLLEGE _____

NAME OF COLLEGE, UNIVERSITY, TRADE OR TECHNICAL SCHOOL YOU PLAN TO ATTEND _____

_____ CITY, STATE, ZIP _____

YEAR IN COLLEGE THIS FALL (Such as Freshman, etc.) _____ ANTICIPATED MAJOR _____

CAREER GOAL (if any) _____

ADDITIONAL INFORMATION REQUIRED WITH THIS APPLICATION FORM:

(NOTE: No incomplete or late applications will be considered.)

Use one side of 8 ½ x 11" paper only. Fasten application securely with a paper clip. Do NOT staple any portion of application. Include the following in this order:

- 1) Copy of high school transcript or, if applicable, college transcript as well as ACT scores or other test scores.
- 2) Two recent letters of recommendation: one from a teacher and one from another person of your choice (excluding relatives).
- 3) A one-page resume listing such things as academic awards and honors, student activities and clubs, athletics, other organization memberships, hobbies, volunteer experiences, military service, and employment.
- 4) A biographical sketch about yourself that may include such topics as your goals, interests, meaningful activities, career plans, why you should be considered for this scholarship, and how you plan to finance college education. (No more than 2 pages, double-spaced).
- 5) FAFSA Student Aid Report with Estimated Family Contribution or completed Scholarship Financial Need Information (form enclosed).

Complete application must be delivered or postmarked by February 27, 2018.

Mid-Nebraska Community Foundation, 121 N Dewey St-Suite 112, PO Box 1321, North Platte, NE 69103-1321

Scholarship Financial Need Information

For need-based scholarship applications in 2018

Complete if FAFSA Student Aid Report with Estimated Family Contribution is not available

Student Information

Last name _____ First name _____ Middle initial _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate _____ U.S. Citizen? Yes ___ No ___ If not, describe status _____

How much education will you have completed when you begin the 2018-2019 school year? _____

Describe any tuition assistance you expect to receive from July 1, 2018 through June 30, 2019, including armed service education benefits and tuition assistance from employers _____

Student Status

Answer the following questions carefully

	Yes	No
Were you born before January 1, 1995?	_____	_____
Are you a veteran of the U.S. Armed Forces?	_____	_____
In 2018-2019 will you be working toward a degree beyond a bachelor's degree?	_____	_____
Are you married?	_____	_____
Are you an orphan or a ward of the court, or were you a court ward until age 18?	_____	_____
Do you have legal dependents other than a spouse?	_____	_____

Household Information

Student Household

Current marital status: Single ___

Married ___ Divorced ___

Separated ___ Widowed ___

How many legal dependents other than a spouse receive more than half their support from student and student's spouse? ___

Parent(s) Household

Current marital status: Single ___

Married ___ Divorced ___

Separated ___ Widowed ___

How many legal dependents other than a spouse receive more than half their support from this household? ___

How many of the above dependents will be college students during the 2018-2019 school year? ___

If you answered **Yes to any** question above, complete Student Household questions at left and the Student financial questions on following page.

If you answered **No to every** question above, complete Parent(s) Household questions at left and **both** the Student and Parent financial questions on following page.

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Scholarship Financial Need Information – Page 2

Student's last name _____ First name _____ Middle initial _____

Complete the student column below. Also, if asked to complete the Parent(s) Household questions on preceding page, complete the Parent(s) column below.

Financial data from most recent Federal Income Tax Return	Student	Parent(s)
Year covered by most recent Federal Income Tax Return	_____	_____
Number of exemptions claimed	_____	_____
Adjusted gross income	\$ _____	\$ _____
Student's W-2 earned income	\$ _____	N/A
Student's spouse's W-2 earned income, if any	\$ _____	N/A
Parents' W-2 earned income	N/A	\$ _____
Net farm/ranch income included in adjusted gross income	\$ _____	\$ _____
Untaxed income: a. Earned Income Credit	\$ _____	\$ _____
b. Social Security benefits	\$ _____	\$ _____
c. Aid to Families with Dependent Children	\$ _____	\$ _____
d. Child Support income	\$ _____	\$ _____

Financial data about Assets and Debts at this time

Age of your older parent	N/A	_____
Cash, savings and checking accounts total value	\$ _____	\$ _____
Farm/ranch real estate value	\$ _____	\$ _____
Farm/ranch real estate debt	\$ _____	\$ _____
Farm/ranch equipment, livestock, crops value	\$ _____	\$ _____
Farm/ranch equipment, livestock, crops debt	\$ _____	\$ _____
Is a farm or ranch used as principal residence?	Yes___ No___	Yes___ No___
Business value	\$ _____	\$ _____
Business debt	\$ _____	\$ _____
Other real estate and investments value (exclude home & retirement plans)	\$ _____	\$ _____
Other real estate and investment debt (exclude home & retirement plans)	\$ _____	\$ _____

Certification and Signature(s)

By signing you certify that the information supplied is accurate to the best of your knowledge.

Student signature _____ Date _____

Parent signature (if parent information included) _____ Date _____

Scholarship Financial Need Information – Page 3

Student's last name _____ First name _____ Middle initial _____

College or University student expects to attend: _____

Location of College or University: _____

Projected Expenses Related to Education for School Year 2018-2019

Tuition & Fees _____

Room & Board _____

Books and Supplies _____

Personal Expenses _____

Transportation _____

Total Projected Expenses _____

Projected Sources of Funds to Pay for Expenses for School Year 2018-2019

Work earnings _____

Savings _____

Parents/Relatives _____

Scholarships awarded _____

Grants received _____

Loans _____

Other (*Describe*) _____

Other (*Describe*) _____

Total Projected Sources of Funds _____

Projected Expenses and Projected Sources of Funds do not necessarily need to be the same amounts.

By signing you certify that the above projected expenses and sources of funds are reasonable estimates at this time and nothing significant has been purposefully omitted to the best of your knowledge.

Student Signature _____ Date _____

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