

SCHOLARSHIP APPLICATION FORM
Department of Special Education and Communication Disorders
University of Nebraska-Lincoln - 202 Barkley Memorial Center
Lincoln, NE 68583-0732
Phone: (402) 472-3956 Fax: (402) 472-7697

Name:

Date:

UNL Student I.D. # (NOT social security #):

Current Address (including zip code):

Phone Number:

Permanent address (home town):

Major:

Educational background, beginning with high school

Institution	City, State	Major	Year	Degree

1. Are you currently attending UNL? Yes ____ No ____

2. Semester applying for scholarship: Fall ____ Spring ____

For the semester in which you hope to receive the award, you will be:

Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate Student ____

Full-time ____ Part-time ____

3. If you are a graduate student, have you been admitted to a degree program? Yes ____ No ____

Your area of study:

OR to a graduate level endorsement program? Yes ____ No ____

Your area of study:

4. Type of tuition you will pay for the upcoming semester or academic year:

Resident ____ Non-Resident ____

5. Will you hold a UNL Graduate Assistantship for the upcoming semester?

Yes ____ No ____

6. Will you be receiving grant funding (MPUPEC, Project Right Start, etc.) for the upcoming semester?

Yes ____ No ____

7. Will you be employed during the semester or academic year you are applying for? Yes ____ No ____

If yes, approximate hours per week:

9. Will you file the FASFA for the academic year that these scholarships will be awarded?
Yes_____ No_____

10. **Special Education Majors Only** - List your sources for the **three letters of recommendation** and the dates on which you requested the letters. **NOTE: New letters of recommendation required with each scholarship application (you may no longer use previously submitted letters).**

<u>Name</u>	<u>Position/Affiliation</u>	<u>Date of Request</u>
a.		
b.		
c.		

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

(Applicant's Signature)

**Your application information may be used as a source in the preparation of news and other releases regarding your selection as a Special Education and Communication Disorders Department Scholarship recipient.

In order for applications to be considered, you must submit the following:

Completed Application
A current UNL transcript
Transcripts from all other institutions (Unless currently on file)
SPED Majors ONLY: Three Letters of Recommendation (**New letters required with each application**)

Return to:

Machelle Harrell, Secretary
Scholarships & Financial Aid Committee
University of Nebraska-Lincoln
202 Barkley Memorial Center
PO Box 830732
Lincoln, NE 68583-0732
Phone: (402) 472-3956
Fax: (402) 472-7697
mharrell4@unl.edu

Deadlines: Spring--October 15
Fall--March 1