

# **2015 MAYNARD JENSEN AMERICAN LEGION MEMORIAL SCHOLARSHIP PROGRAM**

## **GUIDELINES**

1. Applicants must be sons or daughters, grandchildren or great-grandchildren, adopted or stepchildren of members of Department of Nebraska, The American Legion or POW, MIA, KIA, or any veteran that was a current Legion member at time of death.
2. Applicants must be a high school graduate or be earning sufficient credits to graduate from high school at the conclusion of the spring 2015 semester, or be enrolled full time in a Nebraska post-secondary institution as of March 1, 2015, application deadline date.
3. Applicants must be enrolled or in the process of being enrolled full time in an accredited **NEBRASKA** institution of higher education to include university, college, or technical school, public or private.
4. Selection of recipients will be made based on the following:
  - a. **ALL questions answered or N/A indicated.**
  - b. Financial need.
  - c. Academic achievement.
  - d. Extracurricular activities.
5. Department of Nebraska American Legion Scholarship Committee will evaluate applications and select recipients.
6. Scholarships must be used at the beginning of the academic year immediately following notification of awards. Use cannot be delayed nor can awards be held for future use or transferred to other individuals. **Scholarship must be used at school indicated on application.**
7. Scholarship stipends will be sent to the institution of the recipient's attendance to be held for use in their name for tuition and fees, books, room and board only. Should the recipient drop out of school, any unused money must be returned to the Department of Nebraska, American Legion.
8. Contact financial aid office to determine how a scholarship might affect other funding.
9. Winners will be announced through *The Nebraska Legionnaire* and letters to selectees. Recipients will receive scholarship funds allotted as follows:
  - \$250 awarded first semester
  - \$250 awarded second semester(In the case of trimesters or quarters, scholarship funds will be distributed accordingly.)

# INFORMATION AND INSTRUCTIONS FOR APPLICANTS

1. Completed application and required certifications must be enclosed in the same envelope and postmarked on or before the application deadline date of **March 1, 2015.**
  
2. Scholarship application must be complete when received. *Attachments are not acceptable.* The following are **required** in order to receive consideration:
  - a. Copy of completed Scholarship Application. (2 pages)
  - b. Copy of completed Financial Statement. (2 pages)
  - c. Certification blocks must be signed by school official, applicant, and parent or guardian.
  - d. **A school seal or an official rubber stamp must be affixed to school certification.**
  
3. Mail completed application & financial statement to: MEMORIAL SCHOLARSHIP  
PO BOX 5205  
LINCOLN NE 68505-0205  
  
*Note: Application materials cannot be returned.*
  
4. **Incomplete applications will not receive consideration.** The sponsors and American Legion personnel are not responsible for acquiring any data or forms for applicants. Do not include materials not specifically requested, such as folders, a resume, pictures, recommendations, transcripts, etc. There are no provisions for eligibility criteria waivers.
  
5. Scholarship winners will be notified via first class mail by April 15, 2015.

# MAYNARD JENSEN AMERICAN LEGION 2015 SCHOLARSHIP APPLICATION

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Full Legal Name: Last, First and Middle Marital Status

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of Birth: Month, Day and Year Telephone Number

5. \_\_\_\_\_  
Permanent Home Address: Number, Street, City, State, Zip

6. \_\_\_\_\_  
Father, Stepfather, or Legal Guardian: Name: Last, First, Middle

7. \_\_\_\_\_  
Mother, Stepmother, or Legal Guardian: Name: Last, First, Middle

8. \_\_\_\_\_ 9. \_\_\_\_\_  
American Legion Member's Name Relationship to Applicant

\*10. \_\_\_\_\_ \*11. \_\_\_\_\_  
American Legion Post Number Location of American Legion Post

12. \_\_\_\_\_ STATUS: Deceased  KIA  MIA  POW   
(Name if deceased, KIA, MIA, POW) (Check One)

13. List your school, community or church activities in which you have participated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List jobs (including summer employment) you have held in the past three years. Explain the kind of work, employer, dates of employment and hours per week.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Indicate name of Nebraska college you will attend: \_\_\_\_\_  
Full mailing address of college \_\_\_\_\_  
Phone number of college \_\_\_\_\_

16. What career are you planning to pursue?  
\_\_\_\_\_

17. Please indicate in a **50 word or less** essay why you have chosen this profession. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*This information must be included in order to verify Dept. of Nebraska Legion membership.**  
(over)

**PLEASE NOTE: 1. Attachments are not acceptable**  
**2. All questions must be answered or N/A (not applicable) indicated**

# SCHOOL CERTIFICATION

**HIGH SCHOOL/COLLEGE RECORD - This section is to be completed by high school official or college registrar.**

Cumulative Grade Point Average (GPA) based on the scale of A = 4.0, as of graduation or completion of first semester 2014-15 school year: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

\_\_\_\_\_  
*Name of high school/college*

\_\_\_\_\_  
*Print/Type name of school official and title*

*(AFFIX SCHOOL SEAL OR  
OFFICIAL RUBBER STAMP HERE)*

\_\_\_\_\_  
*Signature of School Official*

\_\_\_\_\_  
*Date*

**NOTE: It is very important that the school's official seal or official rubber stamp is affixed to this application.**

# FINANCIAL STATEMENT

Student's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

*Please complete both sides of this statement as accurately as possible. NOTE: If your parents are divorced, separated or single, use information based on the parent who will provide the financial support for your education.*

## Section I. Information/Status/Home Data

1. Student's Name 1. \_\_\_\_\_
2. State of Legal Residence 2. \_\_\_\_\_
3. Parent(s) Marital Status: Single (S) Married (M) 3. \_\_\_\_\_
4. Number of Family Members at Home  
(include student, parent(s), and other dependents) 4. \_\_\_\_\_
5. In addition to applicant, how many other family  
members attending college during 2015-16? 5. \_\_\_\_\_

## Section II. Parent Income and Expense Information

6. Estimated Adjusted Gross Income 2014 6. \_\_\_\_\_
7. Parent(s) Untaxed Income 2014 (include social security benefits,  
ADC, child support, etc.) 7. \_\_\_\_\_
8. Medical/Dental Expense Paid in 2014 (not covered by insurance) 8. \_\_\_\_\_
9. K-12 Tuition Paid 2014 (exclude student applying for scholarship) 9. \_\_\_\_\_

## Section III. Student Income and Asset Information

10. Estimated Student's Income 2014 10. \_\_\_\_\_
11. Student's Untaxed Income 2014 11. \_\_\_\_\_
12. Student's Assets and Savings 12. \_\_\_\_\_

(over)

**NOTE: All questions must be answered or N/A indicated for application to be considered**

## Section IV. Current Parent Asset Information

13. Parent(s) Cash and Savings 13. \_\_\_\_\_
14. Market Value of Home 14. \_\_\_\_\_
15. Unpaid Mortgage on the Home 15. \_\_\_\_\_
16. Value of other Real Estate/Investments  
(present value of stocks, bonds, CD's, trust, etc.)  
EXCLUDE RETIREMENT PER FASA?? 16. \_\_\_\_\_
17. Debt Against Real Estate or Investments 17. \_\_\_\_\_

## CERTIFICATION

We certify that to the best of our knowledge, the information contained in this application and financial statement is correct and complete.

Applicant's Signature:

\_\_\_\_\_

Applicant's Name (Typed or Printed):

\_\_\_\_\_

Parent's or Guardian's Signature:

\_\_\_\_\_

Parent's or Guardian's Name (Typed or Printed):

\_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE REVIEW THIS APPLICATION TO MAKE SURE THAT ALL  
QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND ACCURATELY.  
INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Application Deadline Date - **March 1, 2015**

Mail completed application & financial statement to:

**MEMORIAL SCHOLARSHIP**

**PO BOX 5205**

**LINCOLN NE 68505-0205**