

LINCOLN PUBLIC SCHOOLS ASSOCIATION OF OFFICE PROFESSIONALS

SCHOLARSHIP APPLICATION

Lincoln Public Schools Association of Office Professionals (LPSAOP) offers a scholarship to be applied to any institution of higher education in the state of Nebraska. **The student must be graduating/or a graduate of a Lincoln Public High School.** The Dianne Grieser Memorial Scholarship is for \$1,300.00. A check equal to one half the scholarship total will be issued each semester to the institution verifying the recipient's enrollment. It is the responsibility of the recipient to submit the required information to the scholarship chair for payment. The recipient will have one year to use the scholarship funds.

It is important that each question be answered to the best of your knowledge and that all attachments are included with your application before forwarding to the Scholarship Committee Chair.

Name _____

Address _____

Telephone (____) _____ Soc. Sec. No. _____

Date of Birth _____ Birthplace _____ Female ___ Male ___

Father's Name _____ Address _____

Mother's Name _____ Address _____

Father's Occupation _____ Mother's Occupation _____

Number of parents' dependents (not including you) and their ages: _____

Are any dependents attending college? _____ How many? _____

Will your parents assist you financially in continuing your education? _____

Will you have any other assistance (social security benefits, etc.)? _____

Have you received any other scholarships? If so, please list and include the value: _____

Please check the range of your family's annual income:

___ below \$15,000	___ \$25,000 - \$29,999	___ \$40,000 - \$44,999
___ \$15,000 - \$19,999	___ \$30,000 - \$34,999	___ \$45,000 - \$49,999
___ \$20,000 - \$24,999	___ \$35,000 - 39,999	___ \$50,000 - above

List any other family income: _____

List any other family/financial/personal adversity circumstances which should be considered:

I certify the above is true and correct.

_____ Date _____

Signature of Applicant

Name and address of high school or college now attending: _____

Graduation date from high school or college: _____

What is your intended area of study? Name of school you plan to attend? _____

List school extra-curricular activities: _____

Academic awards or honors: _____

Community activities and/or work experience: _____

In a separate letter, explain why you qualify for this scholarship. Also include two letters of recommendation from teachers or one teacher and a school counselor.

CHECK LIST:

- 1. Completed application and letter from applicant.**
- 2. Two letters of recommendation from two teachers or a teacher and a school counselor.**
- 3. Your official grade transcript from the last grading period in sealed envelope.**

Please return the application and attachments to: Carol Reed/ LPS Association of Office Professionals Scholarship Chair, c/o Northeast High School, 2635 N 63rd Street, Lincoln, NE 68507 by **Friday, March 8, 2019**. The scholarship committee will review and select their recipients at the executive board meeting in April. The recipients will be notified by mail and the scholarships will be awarded at the LPSAOP Spring Event in May.

I certify the above is true and correct.

Signature of Applicant

Date _____