

# NEBRASKA STATE GRANGE DEAF EDUCATION SCHOLARSHIP APPLICATION

NOTE: Completed application with required attachments must be forwarded to the NEBRASKA STATE GRANGE DEAF AWARENESS & EDUCATION DIRECTOR. Must be postmarked no later than MARCH 15<sup>TH</sup>.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(First) (M. Initial) (Last)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PO Box/Street City State Zip Code

COLLEGE/UNIVERSITY ATTENDING \_\_\_\_\_

ADDRESS \_\_\_\_\_

PO Box/Street City State Zip Code

MAJOR COURSE OF STUDY \_\_\_\_\_ MINOR \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ HOURS OF COLLEGE CREDIT COMPLETED \_\_\_\_\_

**FINANCIAL STATEMENT:** (Estimated costs for school year) Tuition/Fees \_\_\_\_\_

Housing/Meals \_\_\_\_\_ Books \_\_\_\_\_ Misc. Expenses \_\_\_\_\_

How do you plan to meet these expenses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Signature