2024 APPLICATION

Edgar J. Boschult Memorial Scholarship

[PLEASE TYPE OR PRINT]

Full Name				Age			
Complete Mailing Add	dress						
Phone ()							
Branch of Service				I am a:	VETERAN	N ROTC	
University of Nebraska		Year in School					
Course of Study		Major		Minor			
Semester Hours Completed		_ Grade Avera	Grade Average		ROTC Grade Average		
Semester Hours Being	Taken at Time	of Application					
Current Enrolled Cour	ses:						
EXTRACURRICULA							
EMPLOYED	NOW: SUMMER:	(NO (NO	_) (YES _) (YES)	Part Time Part Time	Full Time	
MARITAL STATUS -	SINGLE () MARRIEI	D()	NUMB		NDENTS () cluding Spouse)	
F MARRIED, DOES SPOUSE WORK? ATTEND SCHOOL?			PART TIME PART TIME	FULL TIME FULL TIME			
TYPE OF HOUSING	DURING SCH	OOL TERM	(Dorm, Fratern	ity, Apt., 1	Etc.)		
ADDRESS DURING	SCHOOL YEA	AR					
DO YOU OWN AN A	YEAR	_ MODEI					
PARENTS' OCCUPA	TION AND EN	MPLOYER:					
PARENTS' MAILING	ADDRESS						

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Edgar J. Boschult Memorial Scholarship Application - Page 2 LIST PRIOR SCHOLARSHIPS, IF ANY, AND AMOUNT: PERSONAL FINANCIAL CONDITION: ANNUAL INCOME FROM ALL SOURCES: ANNUAL EXPENSES AND FINANCIAL OBLIGATIONS: EXPLAIN HOW EDUCATION HAS BEEN FINANCED THUS FAR, AND YOUR REASON FOR SCHOLARSHIP APPLICATION. Attach extra pages for further explanation of above responses or for inclusion of additional *NOTE*: information which may be beneficial; e.g. Letters of Recommendation, Transcripts of Credits and Grades. APPLICANT'S SIGNATURE _____ DATE _____

> The American Legion 150 NW 40th Street, Unit A Lincoln, NE 68528