

MAYNARD JENSEN AMERICAN LEGION

202 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) (Circle 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?

***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 2024-25 school year: _____

Expected Date of Graduation: _____

Name of high school/college

Print/Type name of school official and title (AFFIX SCHOOL SEAL OR OFFICAL 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 2025-26? 5. _____

Section II. Parent Income and Expense Information

6. Estimated Adjusted Gross Income 2024 6. _____
7. Parent(s) Untaxed Income 2024 (include social security benefits,
ADC, child support, etc.) 7. _____
8. Medical/Dental Expense Paid in 2024 (not covered by insurance) 8. _____
9. K-12 Tuition Paid 2024 (exclude student applying for scholarship) 9. _____

Section III. Student Income and Asset Information

10. Estimated Student's Income 2024 10. _____
11. Student's Untaxed Income 2024 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, 2025**

Mail completed application & financial statement to:

**MEMORIAL SCHOLARSHIP
150 NW 40TH STREET, UNIT A
LINCOLN, NE 68528**