

JAMES M. COX FOUNDATION SCHOLARSHIP
PROVIDED BY THE JAMES M. COX FOUNDATION APPLICATION
ONE-TIME SCHOLARSHIP FOR \$2,000.00; 50 SCHOLARSHIPS AVAILABLE

Admin Use Only			
SA	L1	GPA	
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AGI _____			
O _____			

Steve Otto, Co-President
Jim Otto, Co-President

Ronald C. Jensen, Secretary

Warren J. Odgers, Treasurer

APPLICATION REQUIREMENTS: *In order to be considered for a scholarship award, you must:*

1. *Reside in Nebraska, with special consideration given to students residing in the eastern one-third of the state;*
2. *Demonstrate financial need;*
3. *Demonstrate a likelihood of academic success in chosen field of study;*
4. *Attend a Nebraska-based institution of higher learning;*
5. *Complete and sign the Application;*
6. *Include a certified copy of your high school transcript;*
7. *Include two letters of recommendation from instructors, advisors or counselors; and*
8. *Include an educational commitment essay of no more than 1 page relating to the impact of a higher education on your permanent career objectives.*
9. *Other factors, obstacles or extenuating circumstances of the family such as financial burden, medical expenses, death of a parent, and/or disabilities factor into the decision making process.*

Mail all items with postmark on or before April 15, to:

Steve Otto
James M. Cox Foundation
1500 Kingston Road
Lincoln, NE 68506

Scholarship winners will be notified by mail, typically by the end of May.

QUESTIONS: Contact Warren Odgers (402) 434-1103; warren.odgers@usbank.com

Please Type or Print Legibly:

APPLICANT (Full Given Name) _____
DATE OF BIRTH _____ TELEPHONE _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
COUNTY _____
GUIDANCE COUNSELOR NAME _____
TELEPHONE _____ EMAIL _____
HIGH SCHOOL _____ CITY _____ STATE _____ ZIP _____
FATHER'S NAME (Indicate if deceased) _____
FATHER'S ADDRESS (If different to above) _____
FATHER'S EMPLOYER AND JOB TITLE _____
MOTHER'S NAME (Indicate if deceased) _____
MOTHER'S ADDRESS (If different to above) _____
MOTHER'S EMPLOYER AND JOB TITLE _____
HOUSEHOLD ADJUSTED GROSS INCOME (per most recent tax return) _____
TOTAL NUMBER OF CHILDREN CLAIMED AS DEPENDENTS ON PARENT TAX RETURN(S) _____
NAME(S) WHO WERE OR WILL BE IN COLLEGE FOR ANY SCHOOL YEAR FROM THREE YEARS PRIOR TO
UPCOMING YEAR (use back of sheet if necessary): _____

CHILD'S NAME/COLLEGE _____ CHILD'S NAME/COLLEGE _____ CHILD'S NAME/COLLEGE _____

NAME OF UNIVERSITY, COLLEGE, OR TRADE SCHOOL YOU WILL BE ATTENDING: _____
INTENDED DEGREE _____

HAVE YOU BEEN ACCEPTED FOR ADMISSION? YES _____ NO _____
(if no, explain) _____

APPLICANT'S SIGNATURE:

All of the information herein supplied is true and accurate to the best of my knowledge.

Signature _____ Date _____