



TeamMates of Nebraska City Scholarship Application

Name: _____ Social Security Number: _____

Date of Birth: _____ Phone: _____

Current Address: _____

Parent/Guardian's Name (s): _____

Parent/Guardian Address, if different than yours: _____

High School Attending: _____ Expected Graduation Date: _____

List High School Activities, Special Awards and Community Activities (attach additional pages if necessary):

I plan to attend: _____ Expected Enrollment Date: _____

(Name of Post-Secondary School)

Accepted: _____ Yes _____ No Major Area of Study: _____

I expect to pay for my education by: (mark all that apply)

_____ Savings _____ Working While In School _____ Summer Jobs _____ Loans

_____ Grants _____ Help From Parents _____ Scholarships _____ Other

How would the TeamMates Scholarship money help support your future educational goals?

I, _____, certify that I was an active member of the TeamMates Mentoring Program in good standing. I have not been involved in any illegal activity, including alcohol/tobacco/drug use, gang involvement or bringing a weapon to school and I have not parented a child. I give permission to the High School Counselor and the TeamMates Mentoring Coordinator to supply the information requested on the back of this application form.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Information to Be Completed by Student:

1. Attach a letter explaining how being part of the TeamMates Program has benefited you.
2. Ask your parent or guardian to write a letter stating how you have benefited from being in TeamMates.
3. Ask your mentor to write a letter stating your accomplishments since the two of you were matched as Teammates.
4. Turn in this application to the TeamMates Coordinator.

**Submit this application and letters by 5/1 to: TeamMates of Nebraska City
1700 14th Ave.
Nebraska City, NE 68410**

Information to Be Completed by TeamMates Coordinator:

Mentor's Name: _____ Date Enrolled in TeamMates: _____

To my knowledge, this student is a member in good standing of the TeamMates Mentoring Program and has met all of the requirements to receive a TeamMates of Nebraska City Scholarship.
Yes _____ No _____ Comments _____

_____ Application received.

_____ Mentor letter received.

_____ Parent guardian letter received.

TeamMates Coordinator's Signature: _____ Date: _____

Information to Be Completed by High School Counselor:

Student's Grade Point Average: _____ Anticipated Graduate Date: _____

Comments: _____

Counselor's Signature: _____ Date: _____

TeamMates of Nebraska City Scholarship Committee Review

Scholarship Approved by Scholarship Committee: _____ yes _____ no

Amount of Scholarship for 2016: _____ Date Approved: _____

For questions or assistance, please contact Karla Davis, TeamMates Coordinator 402-469-7884.