



Lincoln Independent Business Association

LIBA Free Enterprise Scholarship

Academic Scholarship Application Form

Eight \$1,000 scholarships awarded annually to a high school senior

Scholarship Requirements

- Application postmarked by March 31, 2016
- Must attend a high school or be home schooled in Lancaster County
- Will be attending a 2 or 4 year accredited post-secondary Nebraska school, must attend regular scheduled year curriculum that does not include summer sessions
- Scholarship must be used within two years and will be paid upon submission of an official transcript showing a minimum of 9 credit hours with a passing grade
- Must submit a Scholastic Rating Scale with this application - see your High School Counselor
- Every section of the application must be complete to be considered

Applicant Information

Name _____

Address _____ City _____ Zip _____

Phone _____

Parent or Guardian Information

Father/Guardian Name _____

Mother/Guardian Name _____

Address _____

Phone (Home) _____

Four \$1,000 scholarships awarded annually to LIBA Members

Eligibility

- Dependents of all LIBA member business owners & their employees
- Employees may be Full & Part-Time
- Must attend a 2 or 4 year accredited post-secondary Nebraska school, must attend regular scheduled year curriculum that does not include summer sessions
- Automatically considered for above scholarships if LIBA Member scholarship is not won

LIBA Business Information

LIBA Business _____

Business Address _____ Business Phone _____

Employee Name _____

Postmarked by March 31, 2016

Please mail application, summary and scholastic rating scale to:

LIBA
620 N. 48th St., Suite 205
Lincoln, NE 68504

School Information

High School Attended _____

High School Graduation Date (expected)_____or GED Completed Date_____

Name(s) of Nebraska School (s) You Plan to Attend:_____

Vocational/Technical 2 Year Community College 4 Year College/University

Major Course of Study_____Accepted Into Program Yes No

Expected Plans After Graduation_____

Activities Awards Honors

List high school activities in which you were involved. List all community service, volunteer work or volunteer activities in which you were involved without pay, during the last three years. Note all special awards, honors, dates served, average hours volunteered per week and offices held.

* Attach a separate sheet if additional space is needed.

Activity	Dates Served	Hours Per Week	Special Awards/Honors	Offices Held

Work Experience

Describe your work/business experience during the past three years. Indicate name of employer, dates of employment, and average hours worked per week.

* Attach a separate sheet if additional space is needed.

Employer	Position	Dates Employed (mo/yr to mo/yr)	Hours Per Week

Financial Requirements

Have you determined the cost of the education you plan? If yes, please explain._____

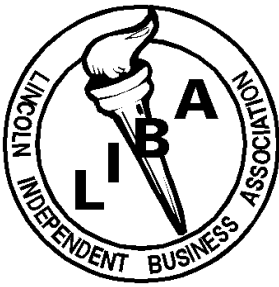
How do you plan to finance your education? If yes, please explain._____

Have you received other scholarships to date? If yes, please explain._____

Could you continue your education without scholarship aid? If yes, please explain._____

Meaning of Free Enterprise

LIBA Believes in Free Enterprise. On a separate piece of paper, please describe the impact of free enterprise on local businesses and how free enterprise has impacted you. (250 – 300 words)



SCHOLASTIC RATING SCALE

CONFIDENTIAL

To be filled in by school Counselor
 If not given directly to student, please send to:
 Lincoln Independent Business Association
 620 No. 48th St., Suite 205 Lincoln, NE 68504

Name of Student _____

Address _____

Name of School _____

In your opinion does the student give promise of becoming a satisfactory college student? _____

Place X in appropriate space.	Above Average	Average	Below Average	Poor
CAPACITY FOR LEARNING				
WORK ATTITUDE (enthusiasm and interest in school studies)				
COOPERATION (with teachers and students)				
LEADERSHIP QUALITITES (in and out of school)				
RELIABILITY				

COMMENTS:

RANK IN CLASS

(Use any or all of the three methods of showing rank, according to local practice.)

__ Top Quarter __ Second Quarter __ Third Quarter __ Fourth Quarter

Number _____ out of _____ in class.

Rank-in-Class Average _____ for _____ school years

 Signature of School Representative
 Submitting Report

 Position

 School