

**BIRTHRIGHT OF SCOTTSBLUFF, INC.
SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION

Name: _____

Street Address or Mailing Address: _____

City, State, Zip: _____

Telephone No.: _____

Date of Birth: _____

Social Security No: _____

Marital Status: _____

How many children do you have? _____

How many are currently living in your home? _____

The ages of your children? _____

BIRTHRIGHT ELIGIBILITY

Applicant must have been a client or counseled by Birthright of Scottsbluff, Inc.

What assistance did you receive from Birthright of Scottsbluff, Inc.?

When did you receive this assistance? _____

STATEMENT OF FINANCIAL NEED

Please provide a copy of your last federal income tax return or a statement of your financial need. Please also list the name and amount of any scholarship or financial assistance you have been awarded for the upcoming school year.

SCHOLASTIC INFORMATION

Please attach a copy of your GED or high school and college transcripts. In addition, please attach a brief statement of your educational and career goals, as well as how this scholarship would help you reach your goals. Please also indicate the college or educational institution you are planning to attend.

REFERENCES

Please provide two references and for each reference, their name, address, telephone number and relationship to applicant.

ACKNOWLEDGEMENT AND SIGNATURE

The above named applicant hereby agrees that this application and all attachments may be used for the purpose of evaluation and selection by the Birthright of Scottsbluff, Inc. Scholarship Committee and/or its representatives. Said applicant further acknowledges they may be called to arrange a telephone or in person interview with the Birthright of Scottsbluff, Inc. Scholarship Committee.

APPLICANT SIGNATURE _____ **Date** _____

Please return completed application to:

Birthright of Scottsbluff, Inc.
10 East 17th Street
P.O. Box 155
Scottsbluff, NE 69363-0155

BIRTHRIGHT OF SCOTTSBLUFF, INC. REPRESENTATIVE SIGNATURE

_____ **Date** _____