



# Ag Cooperative Safety Directors of Nebraska Scholarship Data Form

Please type or print in blue or black ink and return to:  
Ag Cooperative Safety Directors of Nebraska  
Scholarship Committee – Dawn Pochop  
P.O. Box 10  
Battle Creek NE 68715

Applications must be postmarked no later than February 15, 2008.

## STUDENT INFORMATION

Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yy)  
Last First Middle

Permanent Address \_\_\_\_\_  
Street or Box City State Zip

Mailing Address (if different from above) \_\_\_\_\_  
Street or Box City State Zip

Expected College Enrollment Status: \_\_\_\_\_ Year (check one)  Fulltime  Part-time  
Current Status (check one)  HS Senior  1-24 college credit hours  25-48 college credit hours  
 More than 48 college credit hours

Major Program of Study \_\_\_\_\_

Expected/Chosen College to attend \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of High School/GED Location \_\_\_\_\_ GPA \_\_\_\_\_

College Previously Attended/Location \_\_\_\_\_ GPA \_\_\_\_\_  
Credits Earned \_\_\_\_\_ Program of Study \_\_\_\_\_

## STUDENT HOUSEHOLD INFORMATION

The information provided below is based on your household as it WILL exist during the \_\_\_\_ school year.

Dependent Students: List father, mother, or stepparents and all other persons living in your home.

Father/Stepfather name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Mother/Stepmother name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Number of Siblings (under 18) living within your household \_\_\_\_\_  
Siblings attending/will attend college as undergraduate student \_\_\_\_\_

Total Household Net Income \$ \_\_\_\_\_

Independent Students: Independent students would be considered a student who is 24 or older, married, have a child for whom over half support is provided, be an orphan or ward of the court, or be a veteran of US Armed Forces active duty.

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Spouse Occupation/Employer \_\_\_\_\_  
Will spouse attend college during \_\_\_\_\_ year.  Yes  No Name of School \_\_\_\_\_

Total Household Net Income \$ \_\_\_\_\_

**FINANCIAL NEED:**

Please give a brief statement indicating financial need.

**ACTIVITIES/LEADERSHIP/WORK EXPERIENCE**

**Activity** (Demonstrate any leadership roles or participation in groups, organizations, teams, community service work, etc., past and present, include # of years as an active member. It is beneficial to include membership in agricultural groups such as 4-H, FFA, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience** (include job duties and length of employment for each, most recent first)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**STUDENT’S EXPERIENCE/GOALS**

1. On a separate sheet of paper – Summarize (typed – 1 page only) your educational and career goals and how you plan to attain them.
2. On a separate sheet of paper – Summarize (typed – 1 page only) your outlook upon agriculture and safety, its impact upon you, and the importance of its future in our state.

**STUDENT CERTIFICATION** – *to be completed by applicant*

I hereby attest that above submitted information is true and correct to the best of my knowledge, attached writings are my original writings, and that I have not willfully suppressed or falsified any material of fact. All information submitted is the for the purpose of scholarship consideration. Any misrepresentation of fact or information contained within will result in cancellation of consideration for such scholarship.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL CERTIFICATION** - *to be completed by school administrator*

I hereby testament that above student has achieved the following Grade Point Averages.

\_\_\_\_ Historical Overall GPA  
\_\_\_\_ Previous year Cumulative GPA for 20\_\_/20\_\_ term year

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School Name \_\_\_\_\_



## LETTER OF RECOMMENDATION FORM

*\*To be completed by Employer, Activity Sponsor, Religious Leader, or Academic instructor, advisor, or counselor.  
Writer of Recommendation is to mail this form in separate envelope to:*

Ag Cooperative Safety Directors of Nebraska  
Scholarship Committee – Dawn Pochop  
P.O. Box 10  
Battle Creek NE 68715

Students Name \_\_\_\_\_

Your Name \_\_\_\_\_

Title/Organization \_\_\_\_\_

Your Address \_\_\_\_\_

Your Day Phone \_\_\_\_\_ Your Evening Phone \_\_\_\_\_

*(Attach separate page if more space is needed.)*

1. How long, how well, and in what capacity do you know the student?

2. What would you say are the student's strengths & weaknesses?

3. Any other comments or observations.

Signed \_\_\_\_\_

Date \_\_\_\_\_