

# Lincoln Education Association Foundation

# SOAR SCHOLARSHIP APPLICATION

Handwritten and/or late submissions will not be accepted.

## **BIOGRAPHICAL INFORMATION**

| Legal name:                             |                        |      |        |  |  |  |
|---|------------------------|------|--------|--|--|--|
| Last                                    | First                  |      | Middle |  |  |  |
| Permanent home address:                 |                        |      |        |  |  |  |
| Stree                                   | ət                     | City | Zip    |  |  |  |
| High school graduating from:            |                        |      |        |  |  |  |
| Length of attendance at this school:_   |                        |      |        |  |  |  |
| If less than four years, high school(s) | ) previously attended: |      |        |  |  |  |
| FAMILY                                  |                        |      |        |  |  |  |
| Parent or legal guardian's full name:   |                        |      |        |  |  |  |
| Home address, if different from yours:  |                        |      |        |  |  |  |
| Parent or legal guardian's full name:   |                        |      |        |  |  |  |
| Home address, if different from your    | ′S:                    |      |        |  |  |  |
| OTHER INFORMATION ABOUT Y               | <u>OU</u>              |      |        |  |  |  |

## <u>Please attach a typed document answering the following questions:</u>

- 1. Please provide a statement explaining what course of study you will pursue and where.
- 2. Please tell us why continuing your education is important to you.
- 3. Please explain how this scholarship will help with your educational plans. Include an explanation of your family's financial need or situation.
- 4. HONORS: Briefly describe any recognitions or honors you have won.
- 5. LEADERSHIP EXPERIENCES: Please list extra-curricular, community, family activities and hobbies and your leadership role in these experiences.

WORK OR VOLUNTEER EXPERIENCE: Please list up to three experiences you have held:

| Specific Nature<br>of Work | Employer or Organization | Dates (approx.) | Hours worked<br>(approx.) |
|----------------------------|--------------------------|-----------------|---------------------------|
|                            |                          |                 |                           |
|                            |                          |                 |                           |
|                            |                          |                 |                           |

# ADDITIONAL INFORMATION:

| I have received other scholarships:      | Yes   | No   |  |  |  |  |  |
|--|-------|------|--|--|--|--|--|
| Name and amount of other scholarships:   |       |      |  |  |  |  |  |
|  |       |      |  |  |  |  |  |
| Which Nebraska school do you plan to att | tend: |      |  |  |  |  |  |
| Signature                                |       | Date |  |  |  |  |  |

## **APPLICATION DEADLINE: APRIL 15**

#### Applications may be obtained from the LEA website at

www.lincolneducationassociation.org

#### click on LEA Foundation

#### Deliver or mail the completed application, letter of recommendation, and transcript to: LEAF Scholarship Committee, c/o Lincoln Education Association, 4920 Normal Blvd., Lincoln, NE 68506

CHECKLIST - Make sure you have the following:

- □ Application, typed and complete
- □ Letter of Recommendation from a current LPS employee
- □ Transcript from high school
- □ Signature on application
- □ Return before April 15