

JAMES M. COX FOUNDATION SCHOLARSHIP
PROVIDED BY THE JAMES M. COX FOUNDATION APPLICATION
ONE-TIME SCHOLARSHIP FOR \$1,000.00; 100 SCHOLARSHIPS AVAILABLE

Admin Use Only		
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Steve Otto, Co-President
 Jim Otto, Co-President

Ronald C. Jensen, Secretary

Warren J. Odgers, Treasurer

APPLICATION REQUIREMENTS: In order to be considered for a scholarship award, you must:

1. **Reside in Nebraska, with special consideration given to students residing in the eastern one-third of the state;**
2. **Demonstrate financial need;**
3. **Demonstrate a likelihood of academic success in chosen field of study;**
4. **Attend a Nebraska-based institution of higher learning;**
5. **Complete and sign the Application;**
6. **Include a certified copy of your high school transcript;**
7. **Include two letters of recommendation from instructors, advisors or counselors; and**
8. **Include an educational commitment essay of no more than 1 page relating to the impact of a higher education on your permanent career objectives.**
9. **Other factors, obstacles or extenuating circumstances of the family such as financial burden, medical expenses, death of a parent, and/or disabilities factor into the decision making process.**

Mail all items with postmark on or before April 15, to:

Steve Otto
 James M. Cox foundation
 1500 Kingston Road
 Lincoln, NE 68506

Scholarship winners will be notified by mail, typically by the end of May.

QUESTIONS: Contact Warren Odgers (402) 434-1103; warren.odgers@usbank.com

Please Type or Print Legibly:

APPLICANT (Full Given Name) _____

DATE OF BIRTH _____ TELEPHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____

GUIDANCE COUNSELOR NAME _____

TELEPHONE _____ EMAIL _____

HIGH SCHOOL _____ CITY _____ STATE _____ ZIP _____

FATHER'S NAME (Indicate if deceased) _____

FATHER'S ADDRESS (If different to above) _____

FATHER'S EMPLOYER AND JOB TITLE _____

MOTHER'S NAME (Indicate if deceased) _____

MOTHER'S ADDRESS (If different to above) _____

MOTHER'S EMPLOYER AND JOB TITLE _____

HOUSEHOLD ADJUSTED GROSS INCOME (per most recent tax return) _____

TOTAL NUMBER OF CHILDREN CLAIMED AS DEPENDENTS ON PARENT TAX RETURN(S) _____

NAME(S) WHO WERE OR WILL BE IN COLLEGE FOR ANY SCHOOL YEAR FROM THREE YEARS PRIOR TO UPCOMING YEAR (use back of sheet if necessary):

 CHILD'S NAME/COLLEGE

 CHILD'S NAME/COLLEGE

 CHILD'S NAME/COLLEGE

NAME OF UNIVERSITY, COLLEGE, OR TRADE SCHOOL YOU WILL BE ATTENDING: _____
 INTENDED DEGREE _____

HAVE YOU BEEN ACCEPTED FOR ADMISSION? YES _____ NO _____

(if no, explain) _____

APPLICANT'S SIGNATURE:

All of the information herein supplied is true and accurate to the best of my knowledge.

Signature _____ Date _____