



8231 Northwoods Dr., Ste B * Lincoln, NE 68505 * (402) 476-2951

Two - \$1000 SCHOLARSHIP---NOW ACCEPTING APPLICATIONS

TO: GUIDANCE COUNSELORS – LANCASTER COUNTY & IMMEDIATELY ADJACENT COUNTIES HIGH SCHOOLS

The Independent Insurance Agents of Nebraska Foundation is now accepting applications for two IIA of Lincoln Scholarships each in the amount of \$1000, sponsored by the Independent Insurance Agents of Lincoln.

The scholarships will be awarded to students that choose to attend an accredited 2 or 4 year college or higher learning institute within the state of Nebraska.

Selection of the scholarship winner will be based on scholastic application, as well as participation and leadership in school, community activities, and educational goals. There are no criteria relative to gender or financial need.

Scholarship guidelines and an application are enclosed. Please announce the availability of the scholarship to your senior students. **The applications must be postmarked by March 1, 2017.** Please do not hesitate to call the Foundation office, in Lincoln at (402) 476-2951 or 1-800-377-3985 if you have any questions.

Thank you for your assistance!

Independent Insurance Agents of Nebraska Foundation

Enclosures

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INDEPENDENT INSURANCE AGENTS OF NEBRASKA FOUNDATION SCHOLARSHIP PROGRAM

1. Applicant must be a current graduating senior who is attending a **Lancaster County or immediately adjacent county high school** that is approved and accredited by the State Department of Education.
2. Applicant must demonstrate scholastic application and intend to continue his/her education. The selection committee will also consider the applicant's participation and leadership in school and community activities, and educational goals.
3. There are no criteria relative to gender or financial need.
4. Scholarship recipients are free to select any accredited 2 or 4 year college or university or higher learning institute, within the state of Nebraska.
5. It is *recommended* that the applicant intend to major in business or a business-related field, relating to a career in the Insurance Field, such as (but not limited to) Accounting, Business, Economics, Sales & Marketing, and Finance.
6. The Independent Insurance Agents of Nebraska Foundation will determine the number and amount of scholarships to be awarded each year. These numbers and amounts may change annually.
7. Scholarships are awarded when the recipient shows evidence of scholastic acceptance and enrollment in a college/university or higher learning institute. Recipient must submit evidence of being enrolled as a college freshman to the selection committee before scholarship is paid directly to college/university or higher learning institute. In the event that a scholarship winner does not qualify for payment by meeting the above conditions, the gift will lapse. **An alternate scholarship winner may be chosen if the primary winner fails to meet the scholarship guidelines.**
8. Selections are made by a committee from the Independent Insurance Agents of Lincoln members consisting of community business and professional leaders.
9. There is no limitation on persons who are eligible recipients of scholarships. Scholarships will be given without regard to race, creed, religion, nation origin, sex, or employment status of prospective recipients or of any relative of any prospective recipient.
10. **Notices will be sent to applicants who are selected to receive a scholarship. Applicants may call the Foundation office after May 1, to inquire about the status of their application at (402) 476-2951 in Lincoln or 1-800-377-3985. Winners will also be posted on our website; www.ian.org.**

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Application for IIA of Lincoln Scholarships

This application must be postmarked by **March 1, 2017** and mailed to:

Selection Committee
Independent Insurance Agents of Nebraska Foundation
8231 Northwoods Dr., Ste B
Lincoln, NE 68505.

Section I. Information to be supplied in applicant's handwriting:

Student's Full Name: _____ Home Phone: _____

Full name of parent(s) or guardian(s): _____

Permanent address of parent(s) or guardian(s): Street: _____

City: _____ State: _____ Zip: _____ County: _____

What college do you plan to attend? _____

Date you expect to enter (Month/Year): _____

Please list other scholarships, awards or financial aids for which you have applied, or have been granted for the coming school year.

Name of Financial Aid	Value	Has it been granted?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Section II. Supporting documents to include.

(This section may be handwritten or typed on separate pages.)

1. **In one paragraph**, why do you believe you should be awarded this scholarship?
2. **In one paragraph**, what will be your major area of college study and what are your educational plans/career goals?
3. **A resume of your high school career (no more than 3 pages).** Areas to possibly include, **but not limited to**, are:
 - School organizations/memberships and offices held.
 - School Activities and Honors.
 - School & Community involvement.
 - Employment history, if applicable.
4. **One, to three, letter(s) of recommendation.**

The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant’s scholastic standing and other factors having a bearing on this application. If the applicant is chosen as a scholarship winner, the applicant agrees to provide the Selection Committee with evidence of being enrolled as a college sophomore and an official college transcript after his/her first full year of college.

Signature of Applicant

After you have completed your part of this application, present this to your school counselor or principal for certification and delivery to the scholarship selection committee.

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Section III. Information to be supplied by Principal or Counselor

1. This is to certify that the above applicant ranks _____ in a class of _____ seniors.
2. Date of high school graduation will be _____.
3. The applicant has taken the following college entrance examinations under a statewide testing program: (Please note if ACT or other test was taken more than once, you may list the highest only or list in chronological order from previous to present.)

<u>Name of Test</u>	<u>Score(s)</u>

4. Please verify the previous information is correct and valid.

Principal or Counselor

Name of High School: _____

Mailing Address: _____

Phone: _____

Fax: _____

APPLICATION MUST BE POSTMARKED BY MARCH 1, 2017 TO:

Selection Committee
Independent Insurance Agents of Nebraska Foundation
8231 Northwoods Dr, Ste B
Lincoln, NE 68505

Questions? Call the Foundation Office at (402) 476-2951 in Lincoln or 1-800-377-3985.