

Future Funds

for CEDARS Graduates

Scholarship Eligibility Requirements

- Recipient of any service offered by CEDARS
- Obtained a High School Diploma or G.E.D.
- Enrolled in or starting college before December 31, 2008
- Meet the criteria for financial need (Eligible for Federal Pell Grant)

Instructions

- Complete the application
- Enclose a photocopy of your submitted Free Application for Federal Student Aid (FAFSA)
- Enclose the completed recommendation sheet. Must be completed by a CEDARS staff or non-relative (i.e. coach, teacher, counselor)
- Answer the following essay questions on a separate sheet of paper. Must be typed or written in blue or black ink. Be sure to label your answers with your first and last name.
 1. What are your short-term and long-term goals? And how will this education help you reach those goals?
 2. How has CEDARS been instrumental in your life?
 3. Tell us about your strengths and your single greatest accomplishment. How will these help you in pursuing your education?
 4. What obstacles have you overcome and what current and future challenges do you face? How have you overcome those obstacles and how do you plan to overcome future challenges?
- Mail your application packet to: CEDARS, Attn: Scholarship Program, 620 N. 48th St., Ste. 100, Lincoln, NE 68504

Selection

- CEDARS or the Lincoln Community Foundation will notify all applicants by mail. Scholarships are available in various amounts up to \$1,000.
- Award winners must then present the award letter to the admissions office at the school of their choice.
- Funds will be transferred and applied directly to tuition and fees upon receipt of enrollment verification. Any funds not applied directly to tuition due to suspension, lack of need or an interruption of enrollment will be returned to the fund.
- If an award winner's academic plans change, it is the responsibility of the award winner to contact the CEDARS scholarship office so that alternate arrangements can be made.
- Recipients may re-apply on an annual basis.

Questions

Please contact Kerrie Saunders Jones at 437-8842 or k Saunders@cedars-kids.org

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Applicant Information

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Birthdate _____

Is this your first time submitting an application for this scholarship? Circle: Yes or No

Education History

Date received High School Diploma or G.E.D. _____

Name of School _____

College Currently Attending or Planning to Attend

Name of School _____

City _____ State _____

Start Date _____ Expected Graduation Date _____

Major or Field of Study _____

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Scholarship Recommendation Form

To Be Completed by Applicant

Name _____

College Currently Attending or Planning to Attend _____

Major or Field of Study _____

To Be Completed by Person Providing Recommendation

Name _____

Affiliation/Organization _____

Position _____

E-mail Address _____

Phone Number _____

Signature _____

Date _____

Please answer the questions about the applicant on the back of this form. Thank you.

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Please answer the questions below with as much detail as possible as your recommendation plays an important part in consideration of a scholarship. You may use this sheet or a separate piece of paper.

1. Describe your relationship with the applicant.
2. Describe how the applicant has overcome past obstacles. When possible, please use examples.
3. Describe the applicant's strengths and potential to complete coursework.
4. Discuss the applicant's financial need.
5. What else should the review committee know in considering this applicant?

Please return this form to the applicant in a sealed envelope.