



## TeamMates of Nebraska City Scholarship Application

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Parent/Guardian's Name (s) \_\_\_\_\_

Parent's Address, if different than yours: \_\_\_\_\_

High School Attending: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

List High School Activities, Special Awards and Community Activities:

I plan to attend: \_\_\_\_\_ Expected Enrollment Date: \_\_\_\_\_

(Name of Post-Secondary School)

Accepted: Yes No Major Area of Study: \_\_\_\_\_

I expect to pay for my education by: (mark all that apply)

Savings	Working While In School	Summer Jobs	Loans
Grants	Help From Parents	Scholarships	Other

How would the TeamMates Scholarship money help support your future educational goals?

I, \_\_\_\_\_, certify that I am an active member of the TeamMates Mentoring Program in good standing. I attend school and meet with my TeamMate on a regular basis. I have not been involved in any illegal activity, including alcohol/tobacco/drug use, gang involvement or bringing a weapon to school and I have not parented a child. I give permission to the High School Counselor and the TeamMates Mentoring Coordinator to supply the information requested on the back of this application form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information to Be Completed by Student:

1. Attach a letter explaining how being part of the TeamMates Program has benefited you.
2. Ask your parent or guardian to write a letter stating how you have benefited from being in TeamMates. This letter is due 3/15.
3. As your mentor to write a letter stating your accomplishments since the two of you were matched as TeamMates. This letter is due 3/15.
4. Turn in this application to the TeamMates Coordinator by 2/1.

**Submit this application by 2/1 to:**      **TeamMates of Nebraska City**  
**American National Bank Building**  
**920 Central Avenue**  
**Nebraska City, NE 68410**

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**Information to Be Completed by TeamMates Coordinator:**

Mentor's Name \_\_\_\_\_ Date Enrolled in TeamMates: \_\_\_\_\_

To my knowledge, this student is a member in good standing of the TeamMates Mentoring Program and has met all of the requirements to receive a TeamMates of Nebraska City Scholarship.

\_\_\_ Yes    \_\_\_ No    Comments \_\_\_\_\_

\_\_\_ Application received by 2/1.

\_\_\_ Mentor letter received by 3/15.

\_\_\_ Parent guardian letter received by 3/15.

TeamMates Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information to Be Completed by High School Counselor:**

Student's Grade Point Average: \_\_\_\_\_ Anticipated Graduate Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TeamMates of Nebraska City Scholarship Committee Review**

Scholarship Approved by Scholarship Committee: \_\_\_\_\_ yes \_\_\_\_\_ no

Amount of Scholarship: \_\_\_\_\_ Date Approved: \_\_\_\_\_

*For questions or assistance, please contact Stacie Higgins, TeamMates Coordinator at 873-6343.*