



Lincoln Independent Business Association

# LIBA Free Enterprise Scholarship

## Academic Scholarship Application Form

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**Seven \$500 and one \$1,000 scholarships awarded annually to a high school senior**

### Scholarship Requirements

- Application postmarked by March 31, 2012
- Must attend a high school or be home schooled in Lancaster County
- Will be attending a 2 or 4 year accredited post-secondary Nebraska school, must attend regular scheduled year curriculum that does not include summer sessions
- Scholarship must be used within two years and will be paid upon submission of an official transcript showing a minimum of 9 credit hours with a passing grade
- Must submit a Scholastic Rating Scale with this application - see your High School Counselor
- Applicant must be available for personal interview if requested
- Every section of the application must be complete to be considered

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Parent or Guardian Information

Father/Guardian Name \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_

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**\$1,000 renewable 4 year scholarship - Total \$4,000  
One \$1,000 scholarship, One \$500 scholarship**

### Eligibility

- Dependents of all LIBA member business owners & their employees
- Employees may be Full & Part-Time
- 3.0 GPA or better must be obtained for renewal
- Must attend a 4 year accredited post-secondary Nebraska school, must attend regular scheduled year curriculum that does not include summer sessions
- Automatically considered for above scholarships if LIBA Member scholarship is not won

### LIBA Business Information

LIBA Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Employee Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### Postmarked by March 31, 2012

Please mail application, summary and scholastic rating scale to:

**LIBA  
620 N. 48<sup>th</sup> St., Suite 205  
Lincoln, NE 68504**

**School Information**

High School Attended \_\_\_\_\_

High School Graduation Date (expected)\_\_\_\_\_or GED Completed Date\_\_\_\_\_

Name(s) of Nebraska School (s) You Plan to Attend:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vocational/Technical                       2 Year Community College                       4 Year College/University

Major Course of Study\_\_\_\_\_Accepted Into Program  Yes  No

Expected Plans After Graduation\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities Awards Honors**

List high school activities in which you were involved. List all community service, volunteer work or volunteer activities in which you were involved without pay, during the last three years. Note all special awards, honors, dates served, average hours volunteered per week and offices held.

\* Attach a separate sheet if additional space is needed.

Activity	Dates Served	Hours Per Week	Special Awards/Honors	Offices Held

**Work Experience**

Describe your work/business experience during the past three years. Indicate name of employer, dates of employment, and average hours worked per week.

\* Attach a separate sheet if additional space is needed.

Employer	Position	Dates Employed (mo/yr to mo/yr)	Hours Per Week

**Financial Requirements**

Have you determined the cost of the education you plan? If yes, please explain.\_\_\_\_\_

\_\_\_\_\_

How do you plan to finance your education? If yes, please explain.\_\_\_\_\_

\_\_\_\_\_

Have you received other scholarships to date? If yes, please explain.\_\_\_\_\_

\_\_\_\_\_

Could you continue your education without scholarship aid? If yes, please explain.\_\_\_\_\_

\_\_\_\_\_

**Meaning of Free Enterprise**

Our American market place is a free enterprise system. We define free enterprise as the opportunity to create and competitively operate your own business with minimal governmental control. On a separate sheet of paper, please type (word process) a **short summary** (250 – 300 words) describing the advantages of this system for the small business owner and how this system has influenced your plans after high school graduation.



# SCHOLASTIC RATING SCALE

## CONFIDENTIAL

To be filled in by school Counselor  
 If not given directly to student, please send to:  
 Lincoln Independent Business Association  
 620 No. 48<sup>th</sup> St., Suite 205 Lincoln, NE 68504

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_

In your opinion does the student give promise of becoming a satisfactory college student? \_\_\_\_\_

Place X in appropriate space.	Above Average	Average	Below Average	Poor
<b>CAPACITY FOR LEARNING</b>				
<b>WORK ATTITUDE</b> (enthusiasm and interest in school studies)				
<b>COOPERATION</b> (with teachers and students)				
<b>LEADERSHIP QUALITITES</b> (in and out of school)				
<b>RELIABILITY</b>				

**COMMENTS:**

### RANK IN CLASS

(Use any or all of the three methods of showing rank, according to local practice.)

\_\_ Top Quarter \_\_ Second Quarter \_\_ Third Quarter \_\_ Fourth Quarter

Number \_\_\_\_\_ out of \_\_\_\_\_ in class.

Rank-in-Class Average \_\_\_\_\_ for \_\_\_\_\_ school years

\_\_\_\_\_  
 Signature of School Representative  
 Submitting Report

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 School