

# JAMES M. COX FOUNDATION SCHOLARSHIP APPLICATION FOR SCHOOL YEAR 2012-2013 – AMOUNT \$1,000.00

**Norman A. Otto, President**  
1500 Kingston Road  
Lincoln NE 68506  
402-488-1951

**Ronald C. Jensen, Secretary**  
1500 Woodmen Tower  
Omaha NE 68102  
402-344-0500

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U.S. Bank, PCG  
1700 Farnam  
OM-NE-T2PT  
Omaha NE 68102  
402-536-5129

***Please Type or Print Legibly:***

APPLICANT (FULL GIVEN NAME) \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Guidance Counselor Name \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FATHER'S NAME (Indicate if deceased) \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

FATHER'S EMPLOYER AND JOB TITLE \_\_\_\_\_

MOTHER'S NAME (Indicate if deceased) \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER AND JOB TITLE \_\_\_\_\_

TOTAL NO. OF CHILDREN CLAIMED AS DEPENDENTS ON PARENT TAX RETURN(S) \_\_\_\_\_

NAME(S) WHO WERE IN COLLEGE FOR 2009-10, 2010-11, 2011-12 OR WILL BE FOR 2012-13 SCHOOL 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 \_\_\_\_\_ PERIOD OF STUDY \_\_\_\_\_

HAVE YOU BEEN ACCEPTED FOR ADMISSION? YES \_\_\_\_\_ NO \_\_\_\_\_

if no, explain) \_\_\_\_\_

IN BLACK INK, SHADE THE COUNTY IN WHICH YOUR HIGH SCHOOL IS LOCATED;



**APPLICANT'S SIGNATURE:**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2012.

- APPLICATION REQUIREMENTS:** IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP AWARD, YOU MUST:
1. COMPLETE AND SIGN THIS APPLICATION. THE FOLLOWING MUST ACCOMPANY THIS SIGNED APPLICATION.
  2. SUBMIT COMPLETED COLLEGE FUNDING ESTIMATOR AND RESULTS FROM [WWW.EDUCATIONQUEST.ORG](http://WWW.EDUCATIONQUEST.ORG) FOR EACH COLLEGE CHOICE
  3. ATTACH A COPY OF YOUR STUDENT AID REPORT ("SAR") AS ISSUED BY THE FEDERAL FAFSA PROGRAM
  4. ATTACH A CERTIFIED COPY OF YOUR HIGH SCHOOL TRANSCRIPT, AND TWO LETTERS OF RECOMMENDATION FROM INSTRUCTORS, ADVISORS OR COUNSELORS;
  5. PREPARE AND ATTACH AN EDUCATIONAL COMMITMENT ESSAY OF NO MORE THAN 1 PAGE RELATING TO THE IMPACT OF A HIGHER EDUCATION ON YOUR PERMANENT CAREER OBJECTIVES;
  6. MAIL ALL ITEMS AND THIS APPLICATION, WITH POSTMARK ON OR BEFORE April 13, 2012, TO: NORMAN OTTO, JAMES M. COX FOUNDATION, 1500 KINGSTON ROAD, LINCOLN, NE 68506. Applications by e-mail are NOT accepted!