



FRASER STRYKER DIVERSITY SCHOLARSHIP

2016 SCHOLARSHIP APPLICATION

SCHOLARSHIP ELIGIBILITY REQUIREMENTS:

- * Interest in pursuing a career in law
- * Financial need
- * Top 20% class rank
- * U.S. citizenship or residency in Omaha for consecutive six (6) years

- * African-American, Asian, Latino, or Native-American origins

Name:		
U.S. Citizenship? _____ If no, residency in Omaha for six (6) years? _____	Race or Ethnic Group? African American: <input type="checkbox"/> Asian: <input type="checkbox"/> Latino: <input type="checkbox"/> Native American: <input type="checkbox"/>	Test scores from your most recent test: SAT: Critical Reading _____ Writing _____ Math _____ Composite _____ ACT: _____ Other: _____ Composite _____ Specify _____
Grade Point Average: _____	Your Class Ranking: _____	
Permanent Address:		
Street _____ City _____ State _____ ZIP _____		
Mailing Address (if different from your permanent address above):		
Street _____ City _____ State _____ ZIP _____		
Home Phone:	Cell Phone:	Email:
Date of Birth:	Place of Birth:	
Mother's/Guardian's Name:	Father's/Guardian's Name:	
School district (if any):		
Name and address of high school from which you are graduating:		
Name and address of colleges and/or universities to which you have applied (in order of preference):		
College (1st Choice):		
Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/> Have not heard <input type="checkbox"/> Do you plan to enroll? Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>		
College (2nd Choice):		
Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/> Have not heard <input type="checkbox"/> Do you plan to enroll? Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>		
College (3rd Choice):		
Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/> Have not heard <input type="checkbox"/> Do you plan to enroll? Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>		
Area of college or university study that is of major interest to you:		

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FINANCIAL INFORMATION

Provide information on your projected costs:

	PER SEMESTER	ANNUALLY
TUITION	\$ _____	\$ _____
BOOKS, SUPPLIES	\$ _____	\$ _____
ROOM & BOARD	\$ _____	\$ _____
OTHER (Travel, misc.).....	\$ _____	\$ _____

Will you live at home or with relatives? Yes No

Have you applied to an Office of Student Financial Aid for 2016-2017 academic year? Yes* No
*If yes, please attach a copy of each application.

Student lives with (check any that apply):

Mother Father Stepmother Stepfather Other* *List relationship: _____

Mother's/Guardian's occupation:

2015 Annual Income: \$ _____

Father's/Guardian's occupation:

2015 Annual Income: \$ _____

Number of brothers and/or sisters: _____ Number of parents' dependents in college including yourself: _____

List all scholarships, fellowships, loans, assistance from parents, and other sources of money you will receive during the period from August 2016 through May 2017.

Please show the amount of money you will receive from each source:

Source of Funds	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL FUNDS AVAILABLE TO YOU	\$ _____

LIST YOUR MOST RECENT WORK EXPERIENCE—MOST RECENT POSITION FIRST

Employer, City	Dates	Hours Per Week	Position	Supervisor

APPLICANTS: Please submit application and all related documents (as specified below) to your counselor by **March 4, 2016.**
The following **must** accompany this application to be considered for scholarship!

- * Resumé, including list of leadership positions, honors and awards, extra-curricular activities and community service
- * An essay (1000-1500 words) discussing your career goals. Mention any extracurricular and community activities that demonstrate your interest in pursuing a legal career.
- * An official transcript of your high school courses completed to date.
- * Two (2) letters of recommendation from teachers and/or guidance counselor.
- * A recent photograph of yourself.
- * Copies of applications for financial aid if you checked "YES" under the Financial Information Section. These are applications to the Office of Student Financial Aid for the 2016-2017 academic year as noted under the Financial Information Section.

I certify that the information on this application is true and complete and that the statement attached to this application is my own original work. I authorize the university or other institution of higher education I plan to attend to release relevant educational record information to the Fraser Stryker Diversity Scholarship Program. I authorize the Fraser Stryker Diversity Scholarship Program to use my name, photograph, and other relevant information in press releases and other public informational pieces about the Fraser Stryker Diversity Scholarship Program.

Signature of Applicant

Date Signed

COUNSELORS: Please submit application and all related documents by **March 11, 2016**.
Scholarship recipients will be notified by mid-April 2016.

FRASER STRYKER
PC LLO

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