# Instructions for Mt. Olive Scholarship Application for 2025-26 School Year

The Mount Olive Scholarship Committee is pleased to be able to award at least one new \$1,500 scholarship for the 2025-26 academic year. Scholarships may be renewed in subsequent years if eligibility is maintained.

We believe it is the student's responsibility to submit information and correspond with Mt. Olive's Scholarship Committee. Except for information that is specifically requested from parents or your school, we require that you complete and submit the application yourself. You may, of course, seek guidance and advice from your parents, friends, and counselors.

#### Make Sure You Are Eligible to Apply

You are eligible to apply if you:

- are a high school senior or graduate planning to enroll (or already enrolled) in full-time undergraduate study at an accredited two-year or four-year college, university, or vocationaltechnical school for the entire upcoming academic year;
- cannot afford to continue your post-secondary education without financial assistance;
- can demonstrate your ability to succeed in a post-secondary education environment (including having and maintaining at least at 2.5 grade point average on a 4.0 scale);
- permanently reside in one of neighborhoods that surround Mt. Olive (See map on next page.) or are a Communicant or Baptized Member of Mt. Olive; and
- fully complete Mt. Olive's scholarship application and provide all requested information.

#### **Student Essay**

As part of your application, you must submit a type-written essay (no more than two pages) describing your interests, accomplishments, family background, educational goals, career goals, and why you should be considered for a scholarship.

#### **How to Submit Your Application**

Completed applications should be sent via US Mail, **postmarked by March 15**, **2025**, and addressed to:

Mount Olive Lutheran Church Attention: Scholarship Committee 7301 N 28<sup>th</sup> Ave Omaha. NE 68102

Scholarship recipients will be notified of their awards by April 15, 2025.

#### Questions

You may contact either of the following Scholarship Committee members:

Dr. Victor Padron (**Phone:** 402-453-1045; **E-mail:** mairangi28@gmail.com) Max Williams (**Phone:** 402-455-7382; **E-mail:** m\_wms@knowisinc.com)

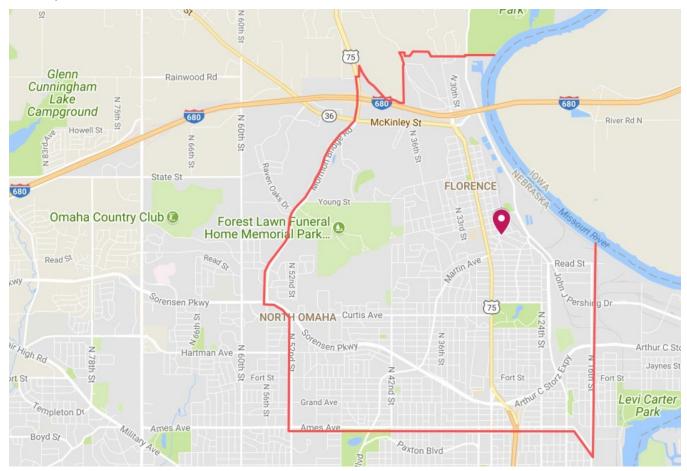
#### **Application Checklist**

Be sure to include the following with your application:

- C Fully completed and signed application (Be sure to have a school official complete the "Your Grades" section.)
- C Student essay (two pages maximum)

#### **Map Showing Mount Olive Lutheran Church Neighborhoods**

To be eligible for a scholarship, you must live in one of the neighborhoods within the area outlined in red or be a baptized or communicant member of Mount Olive Lutheran Church.



#### If You Receive a Scholarship Award

Scholarship awards will be granted for a full academic year and may be applied to tuition, room, board, fees, books, or other costs – if such costs are billed/invoiced by the academic institution. Award checks will only be payable to the school and never made payable directly to the student or student's parents. Annual scholarship monies will be disbursed pro rata based on the academic term (quarter, trimester, semester, etc.) of the school being attended. If you are selected to receive a scholarship, you may be asked to provide the following:

- proof that you are or will be enrolled full time as defined by the learning institution;
- your most recent transcript showing a current and cumulative grade point average of at least 2.5 on a 4.0 scale; and
- your academic schedule for the coming term, including classes to be taken and credit hours to be received on completion.

**NOTE:** You may download a fillable pdf application at https://www.mountoliveomaha.com/wp-content/uploads/2023/09/MtO\_Scholarship\_Application\_Fillable-2024.pdf

# **Mount Olive Scholarship Application**

## **Your Personal Information**

(Last)	(First)		(Middle)
Permanent address:			
(Street)	(City)	(State)	(Zip)
"Best" mailing address (if different from above):			
(Street)	(City)	(State)	(Zip)
Other Contact info:			
0 - 0 -			
(Cell Phone Number) (Cell Phone Number)		(E-mail Addre	ss)
Parent/guardian Info:			
(Name or Names)			
		0	
(Parent/Guardian Address [City, State Zip])		<u>()</u>	e Number)
ır School Information	or will graduate)		e Number)
(Parent/Guardian Address [City, State Zip])  Ir School Information  Name of high school where applicant graduated (  Name(s) of post-secondary schools attended (if a		): Year	,
r School Information  Name of high school where applicant graduated (  Name(s) of post-secondary schools attended (if a	pplicable):	): Year Date	of graduations
Ir School Information  Name of high school where applicant graduated (  Name(s) of post-secondary schools attended (if a	pplicable): s to attend: (List u	): Year Date	of graduations of preference)
r School Information  Name of high school where applicant graduated (  Name(s) of post-secondary schools attended (if a	pplicable): s to attend: (List u	): Year Date	of graduations of preference)

### **Your Parents' Contribution**

Expected Estimated Family Contribution ("EFC") from Free Application for Federal Student Aid ("FAFSA").

\$			
3			

### Your Financial Plan for Next School Year

osts during school year:	Sources of funds to pay for school:
Tuition, Books & Fees	Personal Savings (not from parents)
Room & Board	Part-time/summer work
Transportation	Scholarships (list below)
Clothing	
Recreation	
Incidentals (e.g., phone)	
	Parental contributions
	Loans
Total Costs \$	(Other - Please specify)
Your financial exces	s or (shortfall): \$
ur Accomplishments	
Academic honors:	
	uity/volunteer services:
Extracurricular activities & commun	

# **Your Grades**

Applicant ranks	in a class of	Cumulative grade point average		
I/we believe that Applicant has the capacity and dr		(on 4.0 scale		
secondary educati	on.			
(Signature)		(Title)		
(Date)		(Telephone number)		
(Name of school)				
Signature(s)				
		e information provided is complete and accurate result in termination of any scholarship granted.		
	(Applicant's signature)	(Date)		
=(Parent/Gua	rdian's signature <b>only if Applicant</b> i	s under 18) (Date)		