Instructions for Mt. Olive 2027-28 Scholarship Application

The Mount Olive Scholarship Committee is pleased to be able to award at least one new $1,500 scholarship for the 2027-28 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 vocational-technical 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, 2027**, and addressed to:

Mount Olive Lutheran Church
Attention: Scholarship Committee
7301 N 28th Ave
Omaha, NE 68102

or to Dr. Victor Padron at the following email address: mairangi28@gmail.com

Scholarship recipients will be notified of their awards by **April 15, 2027**.

Questions

You may contact either of the following Scholarship Committee members:

Dr. Victor Padron (**Phone:** 402-707-8311; **E-mail:** mairangi28@gmail.com)
Max Williams (**Phone:** 402-455-7382; **E-mail:** m_wms@knowisinc.com)

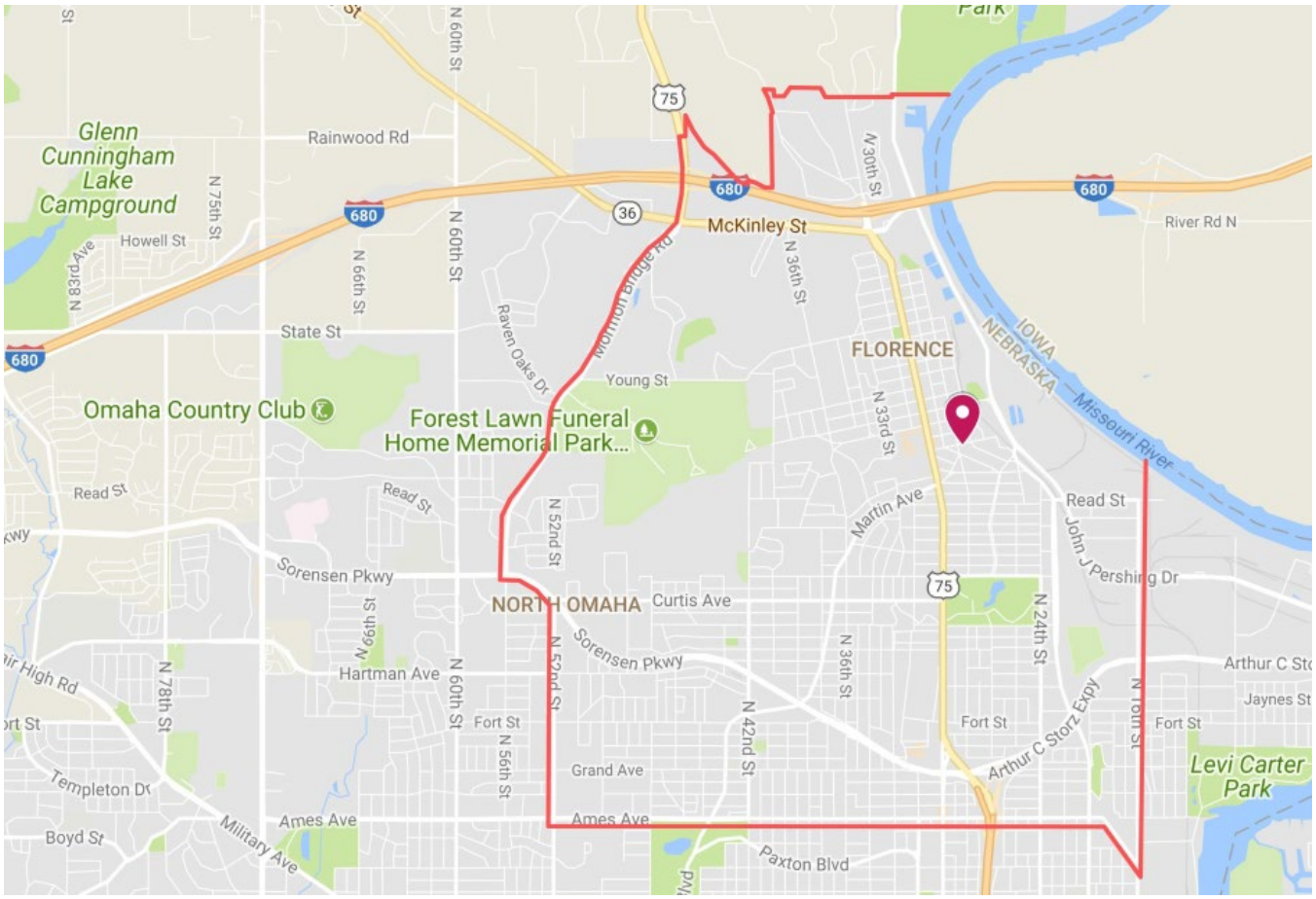
Application Checklist

Be sure to include the following with your application:

- ☐ Fully completed and signed application (Be sure to have a school official complete the "Your Grades" section.)
- ☐ 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/about/scholarship/
About halfway down the page (on the right) is a "DOWNLOAD APPLICATION" button.

Mount Olive Scholarship Application

Your Personal Information

Name:

_____ _____ _____
(Last) (First) (Middle)

Permanent address:

_____ _____ _____ _____
(Street) (City) (State) (Zip)

Mailing address at school (if different from above):

_____ _____ _____ _____
(Street) (City) (State) (Zip)

Other Contact info:

_____ _____ _____
(Home Phone Number) (Cell Phone Number) (E-mail Address)

Parent/guardian Info:

_____
(Name or Names)

_____ _____
(Parent/Guardian Address [City, State Zip]) (Phone Number)

Your School Information

Name of high school where applicant graduated (or will graduate): **Year of graduation:**

_____ _____

Name(s) of post-secondary schools attended (if applicable): **Years attended:**

_____ _____

_____ _____

Names of post-secondary school(s) student wants to attend: (List up to three in order of preference)

_____

☐ 4-Yr College/University ☐ Community college ☐ Vocational-Technical school ☐ Other _____

_____

☐ 4-Yr College/University ☐ Community college ☐ Vocational-Technical school ☐ Other _____

_____

☐ 4-Yr College/University ☐ Community college ☐ Vocational-Technical school ☐ Other _____

Your Parents' Contribution

Family contribution, i.e., Student Aid Index ("SAI"), from Free Application for Federal Student Aid ("FAFSA"). (-1500 to 999999) _____

Your Financial Plan for Next School Year

Costs during school year:		**Sources of funds to pay for school:**	
Tuition, Books & Fees	_____	Personal Savings (not from parents)	_____
Room & Meals	_____	Part-time/summer work	_____
Transportation	_____	Scholarships (list below):	
Recreation	_____	_____	_____
Other (e.g., phone):		_____	_____
_____	_____	_____	_____
_____	_____	Parental contributions	_____
_____	_____	Loans:	
_____	_____	_____	_____
Total Costs $	_____	**Total Sources $**	_____

Your financial excess or (shortfall): $_____

(If filling out manually, use parentheses to indicate your shortfall.)
(If using a computer, enter shortfall with a minus sign [-].)

Your Accomplishments

Academic honors:

_____

_____

Extracurricular activities & community/volunteer services:

_____

_____

Part-time & summer work:

_____

_____

Your Grades

The following section must be completed by an appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____
(on 4.0 scale)

I/we believe that Applicant has the capacity and drive to succeed in his/her chosen course of post-secondary education.

_____ _____
(Signature) (Title)

_____ _____
(Date) (Telephone number)

_____
(Name of school)

Signature(s)

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification may result in termination of any scholarship granted.

_____ _____
(Applicant's signature) (Date)

_____ _____
(Parent/Guardian's signature **only if Applicant is under 18**) (Date)