

2025 APPLICATION

Edgar J. Boschult Memorial Scholarship

[PLEASE TYPE OR PRINT]

Full Name _____ Age _____

Complete Mailing Address _____

Phone (_____) _____

Branch of Service _____ I am a: VETERAN ROTC

University of Nebraska Campus _____ Year in School _____

Course of Study _____ Major _____ Minor _____

Semester Hours Completed _____ Grade Average _____ ROTC Grade Average _____

Semester Hours Being Taken at Time of Application _____

Current Enrolled Courses:

EXTRACURRICULAR ACTIVITIES: (Music, Sports, Campus Organizations)

EMPLOYED --- NOW: (NO _____) (YES _____) Part Time ___ Full Time ___
SUMMER: (NO _____) (YES _____) Part Time ___ Full Time ___

MARITAL STATUS -- SINGLE (____) MARRIED (____) NUMBER OF DEPENDENTS (____)
(Excluding Spouse)

IF MARRIED, DOES SPOUSE WORK? PART TIME _____ FULL TIME _____
ATTEND SCHOOL? PART TIME _____ FULL TIME _____

TYPE OF HOUSING DURING SCHOOL TERM -- (Dorm, Fraternity, Apt., Etc.) _____

ADDRESS DURING SCHOOL YEAR _____

DO YOU OWN AN AUTOMOBILE? _____ YEAR _____ MODEL _____

PARENTS' OCCUPATION AND EMPLOYER:

PARENTS' MAILING ADDRESS _____

[OVER]

LIST PRIOR SCHOLARSHIPS, IF ANY, AND AMOUNT:

PERSONAL FINANCIAL CONDITION:

ANNUAL INCOME FROM ALL SOURCES:

ANNUAL EXPENSES AND FINANCIAL OBLIGATIONS:

EXPLAIN HOW EDUCATION HAS BEEN FINANCED THUS FAR, AND YOUR REASON FOR SCHOLARSHIP APPLICATION.

NOTE: Attach extra pages for further explanation of above responses or for inclusion of additional information which may be beneficial; e.g. Letters of Recommendation, Transcripts of Credits and Grades.

DATE _____ APPLICANT'S SIGNATURE _____

COMPLETED, SIGNED APPLICATION MUST BE RETURNED BY MARCH 1, 2025 TO:

The American Legion
150 NW 40th Street, Unit A
Lincoln, NE 68528
