

Broady Scholarship Opportunity

Thank you for your interest in the University of Nebraska-Lincoln K.O. Broady Scholarship Fund. An application form and three required recommendation forms are included. Please note that transcripts of all high school work must be returned with the completed application form. If you have extenuating circumstances of which you would like the committee to be aware please include those in a cover letter.

The K.O. Broady Scholarship Fund is intended to assist students in our high school study courses whenever possible. The scholarship committee meets in November of each year to determine the recipient(s) of the scholarship.

If you have further questions, please contact me at the University of Nebraska-Lincoln-Independent Study High School. The application, transcript, and three references must be on file prior to the November 1 to be considered.

Sincerely,

Lisa M. Bourlier, M.Ed.
ISHS Administrator
University of Nebraska-Lincoln
Independent Study High School
Broady Scholarship Committee Chair

K.O. BROADY SCHOLARSHIP APPLICATION FORM

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone: _____

Date: _____

The K.O. Broady Scholarship was established in memory of Dr. K. O. Broady, who was a pioneer in continuing education in Nebraska. This scholarship may provide full or partial payment for books, tuition, supplies, and/or other fees for high school independent study courses.

DIRECTIONS

- Complete all items in this Application Form which apply to you. Be specific in describing your educational objectives and level of financial need.
- Select three people to complete the enclosed Scholarship Recommendation Forms in support of your application. These individuals may include employers, teachers, principals, advisors, counselors, or others. Please do not include immediate family members.

Complete PART I of each of the enclosed Scholarship Recommendation Forms prior to giving it to persons providing recommendations.

- Request that the institution which you are presently attending or have most recently attended send an official transcript to the Broady Scholarship Committee at the address listed below.
- Before the K. O. Broady Scholarship Committee can act on your request for financial aid, the Committee will need to have the following documents:

- Completed Application Form
- Official transcript of academic work
- **Three** completed Scholarship Recommendation Forms

- Mail this completed Application Form to:

K. O. Broady Scholarship Committee
Extended Education - ISHS
University of Nebraska-Lincoln
PO Box 888400
Lincoln, Nebraska 68588-8400

PLEASE PRINT OR TYPE ANSWERS
You may use the back of the page if you need more room

• Are you receiving financial support from other sources? Yes_____ No_____

Source: _____

Amount: _____

• Are you currently enrolled in an educational institution? Yes_____ No_____

If yes: _____ High School: Name of Institution _____

• List educational institutions attended (list current or most recent institution first).

-- High School(s) attended, Grades 9-12:

<u>Name of School</u>	<u>City</u>	<u>State</u>	<u>Dates Attended</u>	<u>Date Graduated</u>

• List the number(s) and title(s) of the independent study course(s) that you wish to take. Please check those for which you are requesting financial aid.

<u>Course Number(s)</u>	<u>Course Title(s)</u>	<u>Aid Requested</u>

- What are your immediate and long-term educational goals?

- What effect will the independent study course(s) have on your educational program?

- Briefly describe why you see independent study as an appropriate method to be used in the attainment of your educational goals.

- By what date do you expect to complete your independent study course(s)?

K. O. BROADY SCHOLARSHIP RECOMMENDATION FORM
UNIVERSITY OF NEBRASKA-LINCOLN INDEPENDENT STUDY HIGH SCHOOL
P.O. BOX 888400
LINCOLN, NEBRASKA 68588-8400

PART I: TO BE COMPLETED BY APPLICANT

1. Name of Applicant _____
2. Under the Family Education Rights and Privacy Act, students of the University of Nebraska have the right to inspect their files upon request. So that the person completing this Recommendation Form will know whether it will be held in confidence or open to your inspection upon request, please sign one of the following statements. Either choice will not influence the Committee's decision.

I understand that I have the right to inspect my file upon request under the Family Education Rights and Privacy Act. I hereby DO WAIVE my right of access to this recommendation form. (OR) I DO NOT WAIVE my right of access this recommendation form.

Applicant's Signature

Applicant's Signature

3. Give this form to a person who has agreed to provide a recommendation for you and ask him or her to mail it directly to the address at the top of this form.

PART II: TO BE COMPLETED BY PERSON PROVIDING RECOMMENDATION

(Please print or type)

Please respond to the following items. We are especially concerned about the applicant's financial need, motivation, ability to organize, ability to work independently, and academic ability.

1. Describe the applicant's financial need.

2. Please comment upon the applicant's ability to organize and to work independently.

3. Please comment on the applicant's academic ability.

4. Make any additional comments which you feel are appropriate.

5. _____
Signature
- _____ Date

Return form to:
University of Nebraska-Lincoln Independent Study High School
900 N 22nd Street / P.O. Box 888400 / Lincoln, NE 68588-8400
(402) 472-2175 / FAX: (402) 472-1901