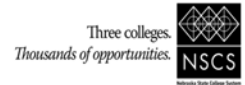




# Chadron State College

## Incoming Freshman Scholarship Application



Please print, complete and return this form to the Chadron State College, Financial Aid Office, 1000 Main Street, Chadron, NE 69337 by January 15. Please print legibly or type.

I plan to begin attendance at CSC: Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name: (Last, First, MI) \_\_\_\_\_ Date of Birth : (mm/dd/yyyy) \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 High School Attending: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 High School Address: \_\_\_\_\_  
 Area of study: \_\_\_\_\_ Major/Endorsement: \_\_\_\_\_

### Please check all the following that apply

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Currently live on a ranch or farm<br><input type="checkbox"/> 2. Descendent of a Chadron Prep Alum<br><input type="checkbox"/> 3. Attended a rural Dawes County grade school<br><input type="checkbox"/> 4. Nontraditional student<br><input type="checkbox"/> 5. Parents or Grandparents are CSC Alums | <input type="checkbox"/> 6. Five years of 4-H plus 5 years of Home Economics 4-H projects<br><input type="checkbox"/> 7. Pursuing a career as a kindergarten teacher<br><input type="checkbox"/> 8. Attended Chadron Kenwood Grade School<br><input type="checkbox"/> 9. Dependent of NE farmer/rancher or dependent of their employee<br><input type="checkbox"/> 10. Member or willing to become a member of Nebraska Association for Health, Physical Education, Recreation and Dance |
|---|--|

### Entering Freshman (Must be completed by Principal/Counselor)

### High School Activities/Honors

Grade Point Average (on a 4.0 scale) \_\_\_\_\_  
 Rank in class \_\_\_\_\_  
 Number in class \_\_\_\_\_  
 ACT/SAT Comp. Score \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Continue list on the reverse side, if necessary)

\_\_\_\_\_  
 Signature of Principal/Counselor

Based on your family's adjusted gross income from the most recent tax year, please mark the appropriate income. Financial aid need-based scholarships are awarded based on the income information below. Failure to accurately report the income information may nullify the need-based scholarship award.

\$0 - \$25,000                       \$25,001 - \$50,000                       Above \$50,000

I certify the above information is correct to the best of my knowledge. I understand inaccurate information I have provided may void any scholarships received. Applications with missing information will not be considered until all information is received. If information is received after the deadline, the application will be considered late.

\_\_\_\_\_  
**Signature of Applicant (Must Be Signed)**

\_\_\_\_\_  
**Date**

**Office Use Only**

\_\_\_\_\_ 285 \_\_\_\_\_ Dept  
 \_\_\_\_\_ EX \_\_\_\_\_ Dept  
 \_\_\_\_\_ EM \_\_\_\_\_ Dept  
 SID \_\_\_\_\_