



Undergraduate or Graduate Scholarship Application

Cotner College Educational Ministries
237 South 70th Street, Suite 221 — Lincoln, NE 68510-2467
402.474.3207 — adminasst@ccnebr.org

Name: _____ Phone (____) _____

Address: _____
Street Address/Box Number City State Zip Code

E-mail: _____

Name and Address of Congregation of which you are a member:

School you plan to attend:

Name: _____

Address: _____

Degree sought/What Major: _____

Expected Graduation Date: _____
(Month and Year)

Scholarship to begin: _____
(Month and Year)

Will you be a full-time (9 hours or more) or Part Time student? (Circle One)

Are you willing to report your grades to Cotner? Yes [] No []

Estimated costs (academic year)

* Tuition \$ _____
* Room and Board \$ _____
* Travel \$ _____
* Books \$ _____
* Other expenses (list)

_____ \$ _____

Total Estimated costs per year: \$ _____

Estimated income available for education (academic year)

* from parents \$ _____
* from spouse \$ _____
* from your savings \$ _____
* from your earnings \$ _____
* from other scholarships \$ _____
* from grants \$ _____
* from loans \$ _____
* from other \$ _____

Total Estimated income per year \$ _____

State family annual income: \$ _____ Number dependent on that income: _____

Special circumstances:

Amount of scholarship aid you are requesting from Cotner: \$ _____

Is this a one-time asking or do you anticipate asking Cotner for continuing aid during your education? (circle one)

One-time Continued asking

How do you anticipate using your education? _____

Name of person who will serve as a reference:

(Name)

(_____) _____
Telephone

(Address)

(Phone #)

Relationship to you: _____

Comments:

Applicant's Signature

Date

If this Application is approved, do you authorize Cotner College to include your name and the name of the church of which you are a member in publications of Cotner College, the Christian Church (Disciples of Christ) in Nebraska, and the Nebraska Conference of the United Church of Christ?

Yes

No

Return Completed Application to:
adminasst@ccnebr.org

Cotner College
237 South 70th Street, Suite 221
Lincoln, NE 68510-2467

This portion for Cotner College Office use:

Amount of Scholarship Granted: \$ _____

Date Scholarship approved: _____

Provisions: _____

First Scholarship Check: _____

Ck. # Date Amount Fund Name / #