

## **BROADY SCHOLARSHIP**

Thank you for your interest in the University of Nebraska High School K.O. Broady Scholarship Fund. This scholarship fund is intended to financially assist the enrollment of current or prospective students in UNHS courses. It was established in honor of Dr. K.O. Broady, a pioneer in continuing education in Nebraska. The scholarship may provide full or partial payment for tuition and administrative fees.

### **Fall 2019**

The Fall 2019 application period has been made available with applications accepted August 1 through September 30, 2019. Scholarship recipients will be chosen by October 11, 2019, and all applicants will be contacted once a decision has been made. The total scholarship must be used by June 30, 2020.

### **To Apply**

The following application form and three recommendation forms are required as well as official transcripts of all high school work (if applicable). If you have extenuating circumstances of which you would like the committee to be aware, please include those in a cover letter.

If you have questions, please contact UNHS Customer Service.

**BROADY SCHOLARSHIP APPLICATION DIRECTIONS**

1. Complete all applicable application fields. Be specific in describing your educational objectives and level of financial need. Send completed form to:

highschool@nebraska.edu

OR

University of Nebraska High School  
PO Box 880226  
Lincoln, NE 68588-0226

2. Select three (3) people to complete the Scholarship Recommendation Form in support of your application. These individuals may be teachers, employers, principals, advisers, counselors or others. Please do not include immediate family members.
  - a. Complete Part I of the Scholarship Recommendation Form prior to giving it to the individuals providing recommendation. Make copies as needed.
3. Request an official transcript(s)\* from the school(s) you are currently attending and have them mailed directly to the University of Nebraska High School Scholarship Committee (address below).

K.O. Broady Scholarship Committee  
University of Nebraska High School  
PO Box 880226  
Lincoln, NE 68588-0226

The Scholarship Committee will only review completed applications. Be sure you have provided all of the following in order to be considered:

- Application
- Official transcript(s)\* of high school coursework
- Three (3) completed Scholarship Recommendation Forms

*\* If you have not taken any courses at the high school level, or if all of your high school coursework has been completed at University of Nebraska High School, you do not need to provide a transcript. All other applicants should provide a transcript in order to be considered, but do not need to provide an UNHS transcript.*



BROADY SCHOLARSHIP APPLICATION FORM

Today's Date: \_\_\_\_\_

STUDENT INFORMATION

Full legal name: \_\_\_\_\_
First MI Last

Permanent Address Student Date of Birth
Street (Month/Day/Year)
City State Zip Country

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am earning my high school diploma from:

- University of Nebraska High School
Other, please specify: \_\_\_\_\_

1. Are you receiving financial support from other sources? Yes or No
Source Amount

2. Are you currently enrolled in an educational institution? Yes or No
If yes, name of high school/institution: \_\_\_\_\_

3. List high schools or institutions where you have earned high school credit in grades 9-12:
Name of school City, State, Country Dates Attended

4. List one or two title(s) of University of Nebraska High School course(s) that you wish to take. Please check those for which you are requesting financial aid.
Course Number & Title (i.e. ENGH 031: Ninth Grade English 1) Aid Requested

Application continues on next page.



**5. What are your immediate and long-term educational goals?**

**6. What effect will University of Nebraska High School Course(s) have on your educational program?**

**7. Briefly describe how UNHS will best meet your educational goals.**

**8. By what date do you expect to complete your UNHS course(s)?**



K.O. BROADY SCHOLARSHIP RECOMMENDATION FORM

(Please print or type)

Part I: To be completed by Student

Name of Student: \_\_\_\_\_
First MI Last

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 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.

Student's Signature: \_\_\_\_\_

I DO NOT WAIVE my right of access to this recommendation form.

Student's Signature: \_\_\_\_\_

Part II: To be completed by person providing recommendation

Please respond to the following items. We take into consideration the student/applicant's financial need, motivation, ability to organize, ability to work independently and overall academic ability.

- 1. Describe the applicant's financial need as best you understand it.
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:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Applicant/Student: \_\_\_\_\_