## Form B

Personal Information:				
Name(last)				Age
Address(Street)		(City)	(State)	(Zip)
Email address:		Telephone		
Father's (Guardian's) nar Place of employr Mother's (Guardian's) na Place of employr Other children in my fam	ment ment ment ment illy: Names and ago			
School Information:  (check one) Elem. J.H.		Schools attended (current s name of school		
High School graduation of	 date:			
Activities:			apply	
Place of employment L	ast 2 Duties	<u>Da</u>	ites of employmer	<u>nt</u>
Community Activities: 1 2 3				

What are your goals? (What career opportunities do you secondary education?)	a plan to pursue and why do you need a post-
Have you been accepted by a post-secondary institution? If yes, then what is the name and address of the institution	?
<ol> <li>I have requested that the following be sent directly to scholarship application:</li> <li>A transcript of grades through the first semester</li> <li>A letter of recommendation from my principal,</li> <li>A letter of recommendation from my employer</li> <li>Please provide either/or both your SAT or ACT</li> </ol>	r of my senior year. a counselor, or teacher. or another adult.
I understand that incomplete applications will result in	ineligibility for any scholarship.
Signature	date

Form B (continued)

Send the completed application form to:
OEA Foundation
4202 South 57<sup>th</sup> Street Omaha, NE 68117 (402) 346-0400 (402) 393-7998 – Linda Richter