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				

 A letter of re A letter of re Please provid 	commendation from my empl le either/or both your SAT or	· ·
2. A letter of re3. A letter of re	commendation from my empl	· ·
scholarship applicat	ion: of grades through the first ser	cipal, a counselor, or teacher.
•	ted by a post-secondary institutive name and address of the institu	
	,	
secondary education?	= =	lo you plan to pursue and why do you need a post-

Send the completed application form to:

Form B (continued)

OEA Foundation 4202 South 57th Street Omaha, NE 68117 (402) 740-7911– Linda Richter