

## Dear Neely Scholarship Applicant:

The Otto and Edna Neely Foundation awards scholarships to students who want to obtain a college education or technical training. Each scholarship, in the amount of \$3,000 per academic year, is granted to a high school senior who meets the qualifications listed below. The scholarship is for four consecutive years or until technical training is completed, whichever is sooner, providing the student continues to be qualified. Qualifications for application are:

### Applicant Qualifications:

1. Must be a citizen of the United States of America.
2. Must be a resident of the State of Arizona.
3. Must have and maintain a semester and a cumulative GPA of 2.5 or better.
4. Must have a demonstrated financial need.
5. Academic Students - Must attend an academic college within the State of Arizona, enroll as a full-time student and complete (earn) 12 hours or more each semester in classes toward a degree program.

Technical Students – Must attend a public or not-for-profit (501) (c) (3) (IRS status) technical school within the State of Arizona and enroll and complete a full-time course load each grading period toward a degree or certificate program. PLEASE NOTE – If the technical school has been granted “not-for profit” (501) (c) (3) (IRS status), the student must obtain from the technical school a copy of the IRS Exemption Letter and submit it with this application in order to receive consideration.

(Students who plan to attend private “for-profit” technical schools are not eligible for this scholarship.)

### Application Information:

1. AT LEAST THREE letters of recommendation must be secured from non-relatives: TWO must be from someone at the high school (principals/teachers/counselors/coaches), and one from an adult not in or connected with the teaching profession. The recommendation form must be signed by each recommender and sent directly to your guidance counselor. IT IS THE STUDENT’S RESPONSIBILITY TO FOLLOW UP ON RECOMMENDATIONS TO ASSURE THEY ARE RECEIVED BY THE DEADLINE. An application is considered incomplete without three recommendations. A recommendation form is included with the application. Make copies of the form as necessary.
2. EACH SECTION of the application must be completed and returned by the deadline. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. Typed applications are preferred. The form may be copied or scanned for ease in completion.
4. Additional pages may be added for additional information or clarity in answering specific questions.

### Application Deadline:

**Please return the completed application to your guidance counselor** by the deadline set by the high school.

# OTTO AND EDNA NEELY FOUNDATION

scholarship application

## I. STUDENT INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Residence Address \_\_\_\_\_  
Street City, State Zip Code

Mailing Address \_\_\_\_\_  
Street City, State Zip Code

E-Mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ M \_\_\_\_\_ F U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No AZ Resident \_\_\_\_\_ Yes \_\_\_\_\_ No

Where will you live while attending college/technical school? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ How long? \_\_\_\_\_ Number of hours weekly \_\_\_\_\_

\_\_\_\_\_  
Company Name Location Occupation

Will you be employed while attending college/technical school? \_\_\_\_\_

Number of hours weekly \_\_\_\_\_

Marital Status (check one) Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

## II. SCHOOL INFORMATION

From which High School will you graduate? \_\_\_\_\_  
Name of School

Current Cumulative GPA (as of last completed semester) (A=4.0, B=3.0, C=2.0, D=1.0) \_\_\_\_\_

Which college/technical school will you attend? \_\_\_\_\_

What is your planned major? \_\_\_\_\_

Have you registered for classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours (units) will you take each semester? \_\_\_\_\_

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### III. ACTIVITIES & OTHER INFORMATION (If necessary you may use a separate page to provide this information.)

What school, community, and church activities are you involved in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies or interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List honors and awards you have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Otto & Edna Neely Foundation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. FINANCIAL INFORMATION

#### GENERAL INFORMATION

Are you residing with your parents? \_\_\_\_\_ Are you supported financially by your parents? \_\_\_\_\_

If not residing with your parents, with whom do you reside? Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

#### Parents' Marital Status

Mother: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried

Father: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried

If parents are divorced or separated, who is your legal custodian? \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian

Please provide the information for the following custodial individual(s):

*Father, Stepfather, or Male Guardian*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*Mother, Stepmother, or Female Guardian*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Dependents: List **all** dependents receiving financial support from parents/step-parents/guardians identified above.

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Number Attending College \_\_\_\_\_



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<u>ASSET &amp; INDEBTEDNESS INFORMATION</u>	<u>PARENTS/GUARDIAN</u>	<u>STUDENT</u>
<b>VEHICLE(S)</b>		
Present Market Value	\$ _____	\$ _____
Unpaid Loan Balance(s)	_____	_____
Monthly Payment(s)	_____	_____
<b>HOME</b>		
Present Market Value	_____	_____
Unpaid Mortgage or Debts	_____	_____
Monthly Rent or Mortgage Payment on Family Home	_____	_____
<b>REAL ESTATE OTHER THAN HOME</b>		
Present Market Value	_____	_____
Unpaid Mortgage or Debts	_____	_____
<b>OTHER INVESTMENTS (Stocks, Bonds, Mutual Funds, etc.)</b>		
Present Market Value	_____	_____
<b>CASH, SAVINGS, &amp; CHECKING ACCOUNTS</b>		
_____	_____	_____
<b>BUSINESS</b>		
Present Market Value	_____	_____
Unpaid Mortgage or Debts	_____	_____
<b>OTHER DEBTS OUTSTANDING (including credit cards)</b>		
Total Monthly Payments	_____	_____

ESTIMATED EXPENDITURES FOR THE UPCOMING ACADEMIC YEAR

Tuition		\$ _____
Books		_____
Fees/Labs		_____
Transportation (gas, mileage, etc.)		_____
Housing Expenses (rent, utilities, insurance)		_____
Other (please specify school related expenses)		_____
_____		_____
_____		_____
<b>TOTAL</b>		<b>\$ _____</b>

OTHER

List any unusual circumstances that you feel should be considered.

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## V. AFFIDAVIT

I (we) hereby certify that all of the above information is true and correct to the best of my (our) knowledge and belief. Upon request, I (we) will provide copies of financial records including income tax returns to verify the information contained in this application. I (we) understand all information submitted by me (us) will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients. In addition, I (we) understand the information will be used solely for that purpose.

If I am selected for a Foundation scholarship, I specifically authorize the college or university I attend to release any and all information concerning my academic performance to the Otto & Edna Neely Foundation for the purpose of determining my continued eligibility for the scholarship. In addition, I hereby authorize the release of general information about myself for use in publicity related to the scholarship program.

I also agree to promptly provide to the Foundation all information requested concerning my academic performance. Further, I agree that I will notify the Otto & Edna Neely Foundation promptly of any changes which would affect my eligibility for this award and any changes in my address, contact information, or college or university I attend or plan to attend.

I understand the scholarship is for four consecutive years, or until technical training is completed, whichever is sooner, providing I remain qualified.

Signature of Applicant

Signature of Both Parents/Guardians  
(if applicable)

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## SUPPLEMENT A - BUSINESS OWNERS AND/OR SELF-EMPLOYED PERSONS

If the parents/guardians and student are both business owners and/or self-employed, each one should complete a separate Supplement A. (Make copies of this form as necessary.)

Applicant's Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Owned By \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date of Organization \_\_\_\_\_ Number of Employees \_\_\_\_\_

Business Type \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

### Balance Sheet Summary as of last calendar or fiscal year

A.	Current Assets	\$ _____	
B.	Fixed Assets	_____	
C.	Other Assets	_____	
	Total Assets		\$ _____
D.	Current Liabilities	\$ _____	
D.	Long-Term Liabilities	_____	
	Total Liabilities		\$ _____
F.	NET WORTH		\$ _____

### Profit & Loss Summary for the last calendar or fiscal year

A.	Gross Receipts or Gross Sales	\$ _____	
B.	Cost of Goods Sold and/or Operations	_____	
	Gross Profit		\$ _____
C.	Other Business Deductions		\$ _____
D.	NET PROFIT/LOSS		\$ _____

Your Gross Salary or Amount Drawn for the Year \$ \_\_\_\_\_

Your Share of Ownership is \_\_\_\_\_%

## Recommendation Form

Please type or print (a separate letterhead may be attached)  
(Make copies of the form as necessary)

Name of Applicant: \_\_\_\_\_

Recommender: (check one) Teacher \_\_\_\_\_ Other \_\_\_\_\_ please specify: \_\_\_\_\_

We request your frank, confidential statement based on your knowledge of the above-referenced applicant. Please indicate your association with the applicant, length of acquaintance, and the reasons you believe he/she would be a worthy candidate for an Otto & Edna Neely Foundation Scholarship. We are interested in specific points such as reliability, chance of success in his/her chosen field, motivation, and ability that does not necessarily reflect in his/her grades. Information contained in your recommendation will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients.

Name of Recommender \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City, State Zip Code

DEADLINE FOR RECEIPT OF RECOMMENDATIONS IS \_\_\_\_\_  
RECOMMENDATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

PLEASE DO NOT GIVE THE COMPLETED RECOMMENDATION FORM TO THE APPLICANT.

**Return completed form to:  
Guidance Counselor at the High School**