

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 any way connected with the high school. 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? _____

OTTO AND EDNA NEELY FOUNDATION

scholarship application

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 _____

OTTO AND EDNA NEELY FOUNDATION

scholarship application

One of the requirements for obtaining a scholarship from the Foundation is a demonstrated financial need. Please provide information below for the parents/guardian and student unless the student is completely independent of the parents/guardian. (If the parents are remarried, please provide information for the custodial parent and step-parent.)

INCOME INFORMATION	PARENTS/GUARDIAN	STUDENT
INCOME SUBJECT TO TAX BEFORE DEDUCTIONS - All information is to be based on PREVIOUS CALENDAR YEAR.		
A. Wages (Circle applicable individual)		
1. Father Stepfather Male Guardian	\$ _____	\$ _____
2. Mother Stepmother Female Guardian	_____	_____
3. Student	_____	_____
4. Spouse	_____	_____
B. Dividends, Interest, and Investment Income	_____	_____
B. Self-Employed Income/Net Business Income (Complete separate Supplement A)	_____	_____
D. Other Income	_____	_____
_____	_____	_____
TOTAL INCOME SUBJECT TO TAX	_____	_____
INCOME NOT SUBJECT TO TAX		
A. Social Security	_____	_____
B. Veteran's Benefits	_____	_____
C. Government Benefits	_____	_____
D. Child Support	_____	_____
E. Tax Exempt Interest/Dividends	_____	_____
F. Other	_____	_____
_____	_____	_____
TOTAL INCOME NOT SUBJECT TO TAX	_____	_____
TOTAL INCOME	_____	_____
TAXABLE INCOME per income tax return	_____	_____
MEDICAL & DENTAL EXPENSES WHICH WERE NOT REIMBURSED	_____	_____
ESTIMATED INCOME FOR CURRENT YEAR (Explain significant changes from previous year.):		
PARENT(S)/GUARDIAN(S)	\$ _____	_____
_____	_____	_____
STUDENT	\$ _____	_____
_____	_____	_____

Indicate the amount of annual financial support from your non-custodial parent(s): \$ _____

List any other scholarships/financial aid and amounts you have received or will receive for the upcoming academic year.

	\$ _____
	\$ _____
	\$ _____

OTTO AND EDNA NEELY FOUNDATION

scholarship application

ASSET & INDEBTEDNESS INFORMATION

PARENTS/GUARDIAN

STUDENT

VEHICLE(S)

Present Market Value
Unpaid Loan Balance(s)
Monthly Payment(s)

\$ _____

\$ _____

HOME

Present Market Value
Unpaid Mortgage or Debts
Monthly Rent or Mortgage Payment on Family Home

REAL ESTATE OTHER THAN HOME

Present Market Value
Unpaid Mortgage or Debts

OTHER INVESTMENTS (Stocks, Bonds, Mutual Funds, etc.)

Present Market Value

CASH, SAVINGS, & CHECKING ACCOUNTS

BUSINESS

Present Market Value
Unpaid Mortgage or Debts

OTHER DEBTS OUTSTANDING (including credit cards)

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)

\$ _____

TOTAL

\$ _____

OTHER

List any unusual circumstances that you feel should be considered.

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**