



## SCHOLARSHIP APPLICATION

**Application due date: Thursday, May 1, 2025**

### SCHOLARSHIP CRITERIA

#### PURPOSE:

To benefit those who are interested in furthering their education to advance their career opportunities.

#### Eligibility Requirements

Must be enrolling (as an incoming freshman) in a 2-year or 4-year institution of higher education located in the state of Nebraska. Selection will be based on high school academic performance and ranking, evidence of involvement in activities, demonstrated leadership positions held in academic and non-academic activities, academic and non-academic recognition and awards, and teacher/adult recommendations.

#### Amount of Scholarship:

The scholarship amount will be \$500 to each applicant winner. MVPS will award 3 winners. The amount paid may be used for the following: tuition, books, registration fees, and testing

#### SCHOLARSHIP APPLICANTS INFORMATION:

(Please complete all pages of application)

PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Phone

#### EDUCATIONAL INFORMATION:

High School Attended: \_\_\_\_\_

Cumulative (un-weighted) high school grade point average: \_\_\_\_\_ Out of possible: \_\_\_\_\_

ACT/SAT Score: \_\_\_\_\_ Class ranking (# of #): \_\_\_\_\_

Intended college: \_\_\_\_\_ Intended collegiate major: \_\_\_\_\_

**DO NOT SUBMIT A RESUME AS A SUBSTITUTE FOR COMPLETING THIS PORTION OF THE APPLICATION FORM.**

Please list school and community related activities/organizations (include dates): \_\_\_\_\_

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Please list honors, special recognition and scholarships received from school and community activities (include dates):

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A. What are your future educational and career goals?

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B. How do you feel your education will help you to attain your career goals?

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C. What has influenced your decision in pursuing your career goals?

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# ESSAY

**On a separate page please compose an essay, not to exceed one page and/or 250 words, explaining what you consider to be your most outstanding achievement. Also add any additional comments about yourself, which you feel would be helpful in giving a complete picture of you to someone who knows you only from the information given in this form.**

## **Please provide an official copy of your high school transcript.**

The completed application, transcript, essay and 3 recommendations must be received by the MVPS Scholarship Committee, C/O Suzan Kumru 8401 Park Drive Omaha, NE 68127

The **THREE** recommendation forms should be completed by instructors, advisors, administrators and/or members of the business community who have a first-hand knowledge of your leadership abilities and know you personally. The recommendations must also be received by **MAY 1, 2025. (It is strongly recommended that all documents be sent together to ensure a complete application).**

These scholarships shall be awarded for only one (1) academic year to incoming college freshmen. Scholarships are to be used for educational expenses during the academic year of the award. I certify the above information to be accurate and correct. I authorize my high school to release any information, which may be required by MVPS selection committee to determine my eligibility to receive scholarship assistance.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

# Missouri Valley Professional Society Scholarship Recommendation

**Applicant:** Please complete this portion of the form. Forward the form to the person who has agreed to write a recommendation for you.

Name of applicant: \_\_\_\_\_

1. I hereby authorize (name of reference) \_\_\_\_\_ to complete this form I hereby waive my right to access the contents of this recommendation and further understand that information contained in this recommendation will only be used for the purpose for which it was prepared.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Thank you for completing this **two-page recommendation**. The student named above is applying for one of the **Missouri Valley Professional Society Scholarships** issued annually to incoming college freshmen. The scholarship will be awarded to students who have displayed excellent academic performance, been involved in a variety of activities in school and the community and has demonstrated outstanding leadership abilities. Your comments and recommendations will be instrumental in verifying the abilities and the potential of the student and his/her qualifications for the scholarship. Please complete the information on this form and return prior to the application deadline. ***Please do NOT send separate letters as your recommendation.*** The deadline for applications is **May 1, 2025**, therefore, your prompt response is necessary to facilitate the student's chance of receiving one of the scholarships. Please send your completed recommendation to:

MVPS Scholarship Committee C/O Suzan Kumru 8401 Park Drive Omaha, NE 68127 by **May 1, 2025**.

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your assessment of the student's leadership ability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Give a specific example of the unique talents that will allow this student to succeed in the future.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate the applicant's ability and competence in the following areas with other individuals you have known at similar stages in their lives.

# Missouri Valley Professional Society Scholarship Recommendation Continued

	Below Average	Average Above	Average	Very Good	Outstanding	Inadequate Opportunity to Observe
Leadership ability						
Motivation and seriousness of purpose						
Self-assured						
Independent						
Mature						
Respect of peers						
Ability to set goals and accomplish them						
Ability to communicate effectively (written and oral)						

5. Please use this space to make any additional comments related to the applicant's qualifications for this scholarship. You may attach an additional sheet if necessary.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Title \_\_\_\_\_ Employer \_\_\_\_\_

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Address \_\_\_\_\_ Telephone \_\_\_\_\_

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City, State, Zip \_\_\_\_\_

**Please make sure you have completed both sides of the recommendation form.**

**Please return this form to:**  
 MVPS Scholarship Committee  
 C/O Suzan Kumru  
 8401 Park Drive  
 Omaha, NE 68127

**Thank You.**