DEADLINES:

SUBMIT HIS DAVIS–CHAMBERS TRANSFER SCHOLARSHIP APPLICATION BY APRIL 1, 2019 (UNL, UNK, UNO) AUGUST 1, 2019 (UNMC)

FOR MORE INFORMATION, CONTACT YOUR COMMUNITY COLLEGE ADVISER OR:

UNIVERSITY OF NEBRASKA–LINCOLN
OFFICE OF ADMISSIONS
1410 Q STREET
P.O. BOX 880417
LINCOLN, NE 68588-0417
Phone: (800) 742-8800, ext. 2023 or (402) 472-2023
admissions@unl.edu
admissions.unl.edu

UNIVERSITY OF NEBRASKA AT OMAHA
MULTICULTURAL AFFAIRS
MBSC 112
6001 DODGE STREET
OMAHA, NE 68182-0467
Phone: (800) 858-8648 or (402) 554-2248
www.unomaha.edu

UNIVERSITY OF NEBRASKA AT KEARNEY
OFFICE OF FINANCIAL AID
905 WEST 25TH STREET
KEARNEY, NE 68849
Phone: (800) 532-7639 or (308) 865-8520
www.unk.edu

UNIVERSITY OF NEBRASKA MEDICAL CENTER
OFFICE OF STUDENT EQUITY AND MULTICULTURAL AFFAIRS
984275 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-4275
Phone: (800) 626-8431 or (402) 559-5059
www.unmc.edu
The Davis–Chambers Community College Transfer Scholarship recognizes academically promising students from diverse backgrounds who often find that the financial requirements of postsecondary education are a major obstacle.

First consideration is given to current Davis-Chambers Scholars at the Nebraska Community Colleges. Please contact your current community college with questions. The typical award is $2,000 per year. Each applicant is required to file a Free Application for Federal Student Aid (FAFSA). Please contact the individual campuses for scholarship requirements.

Send a copy of this application to each campus at which you would like to be considered a candidate for the Davis–Chambers Transfer Scholarship.

**UNIVERSITY OF NEBRASKA–LINCOLN**

1. **Apply for admission.** Your Application for Admission, an official college transcript, an official high school transcript and ACT/SAT scores should be submitted to the Office of Admissions at UNL.

2. **Complete the Davis–Chambers Transfer Scholarship Application** (attached), including written responses to the essay questions and the confidential section on family income and number of dependents by **April 1**.

   All application materials should be mailed to:
   
   UNIVERSITY OF NEBRASKA–LINCOLN
   DIVERSITY RECRUITMENT
   1410 Q STREET
   P.O. BOX 880417
   LINCOLN, NE 68588-0417

**UNIVERSITY OF NEBRASKA AT OMAHA**

1. **Apply for admission.** Submit your Application for Admission, an official college transcript, an official high school transcript, and ACT/SAT scores to the Office of Admissions at UNO.

2. **Complete the Davis–Chambers Scholarship Application** (attached), including written responses to the essay questions and the confidential section on family income and number of dependents by **April 1**.

3. **Complete and submit the UNO General Scholarship Application** to UNO’s Office of Financial Aid.

   All application materials should be mailed to:
   
   UNIVERSITY OF NEBRASKA AT OMAHA
   MULTICULTURAL AFFAIRS
   MBSC 112
   6001 DODGE STREET
   OMAHA, NE 68182-0467

**UNIVERSITY OF NEBRASKA AT KEARNEY**

1. **Apply for admission.** Submit your Application for Admission, an official college transcript, an official high school transcript and ACT/SAT scores to the Office of Admissions at UNK.

2. **Complete the Davis–Chambers Scholarship Application** (attached), including written responses to the essay questions and the confidential section on family income and number of dependents by **April 1**.

   All application materials should be mailed to:
   
   UNIVERSITY OF NEBRASKA AT KEARNEY
   OFFICE OF STUDENT FINANCIAL AID
   905 WEST 25TH STREET
   KEARNEY, NE 68849

**UNIVERSITY OF NEBRASKA MEDICAL CENTER**

1. **Complete the Davis–Chambers Scholarship Application** (attached), including written responses to the essay questions and the confidential section on family income and number of dependents by **August 1**.

   The application should be mailed to:
   
   UNIVERSITY OF NEBRASKA MEDICAL CENTER
   OFFICE OF STUDENT EQUITY AND MULTICULTURAL AFFAIRS
   984275 NEBRASKA MEDICAL CENTER
   OMAHA, NE 68198-4275
DAVIS–CHAMBERS COMMUNITY COLLEGE TRANSFER SCHOLARSHIP APPLICATION

Please indicate which University of Nebraska campus you are applying for the Davis–Chambers Scholarship:

- ☐ UNL  ☐ UNO  ☐ UNK  ☐ UNMC

Name ________________________________________________________________

Address _____________________________________________________________

City __________________________________________ State _______________ ZIP ______

Home Phone Number ________________________________ Cell Phone Number __________________________

Email Address _______________________________________________________

Community College ________________________________________________

Social Security Number ______________________________________________

Major/Area of Academic Interest ______________________________________

- ☐ Male  ☐ Female  Birth date ________________________________

Number of Credit Hours Completed to Date ______________ Classes in Progress _______________________

Optional

- ☐ African-American  ☐ Hispanic/Latino/Latina  ☐ Asian
- ☐ Caucasian  ☐ Native American  ☐ Multiracial ______________________ / ______________________

ESSAY QUESTIONS

Please be as responsive as you can to each question. Your responses should be no longer than one typed page for each question.

- What knowledge and experiences have you had living or working in a diverse community or organization? Please provide specific examples.
- Please explain any obstacles you have overcome due to your neighborhood and/or community circumstances.

CONFIDENTIAL FINANCIAL INFORMATION

To be completed by the student’s parent or guardian

Please provide the following information for the years indicated. This information will remain confidential and will only be used in the awarding of the Davis–Chambers Scholarship. Documentation may be required; please respond promptly to any requests for additional information. The signature of the parent/guardian providing the information is required.

2017

Adjusted gross income
Form 1040-Line 36/Form 1040A-Line 21/
Form 104EZ-Line 4-Line 6d/

Number of exemptions claimed
Form 1040 or 1040A-Line 6d/Form 1040 EZ-

2018

Adjusted gross income (please estimate)

Number of exemptions you will be claiming

Please indicate, from the 2016 tax information above, how many of the persons (not including parents) will be enrolled full-time in college for the upcoming academic year.

Signature of Parent or Guardian __________________________ Date ______________

Please indicate here if you plan to apply for financial aid as an independent student because you meet one or more of the following criteria:

- ☐ 24 years of age or older  ☐ Orphan/ward of the court  ☐ You have children who receive more than half their support from you.
- ☐ Veteran of active military service  ☐ Married