

## 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 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 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 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

FOR STUDENTS APPLYING FOR ADMISSION (OR ALREADY ADMITTED) TO ONE OR MORE OF THE CAMPUSES OF THE UNIVERSITY OF NEBRASKA.  
DEADLINE: **APRIL 2019**

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 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