Dr. Earl Strohbehn Memorial Graduate Scholarship Application

Please print, complete and return this form to the Chadron State College, Graduate Office, 1000 Main Street, Chadron, NE 69337. Please print legibly or type.

The Dr. Earl Strohbehn Memorial Graduate Scholarship is for graduate students who are pursuing a degree in the field of education. Financial need is a strong basis for scholarship consideration.

Name: (Last, First, MI)_____ **Student ID #:**_____
Permanent Address: _____ **Telephone:** (___) _____
City: _____ **County:** _____ **State:** _____ **ZIP:** _____
Degree Plans: MA _____MBA_____ME_____MSOM_____
Area of study _____

Will you attend: Full Time_____Part Time_____On-Campus_____Via Internet_____

Colleges Attended- Education Beyond Secondary School

You must list all colleges/ universities attended and/ or attending beyond high school in chronological order.

Institution	Institution Cr. Hrs. Attempted	Degree/ Certificate Awarded and Year

Honors/Awards Received _____
_____

Based on your adjusted gross income from the most recent tax year, please mark the appropriate income.

_____ $0 - $25,000 _____ $25,001 - $50,000 _____ Above $50,000

CSC (Local) Address_____ **Telephone** ( ) _____
City _____**State** _____ **ZIP** _____**Cell Phone** ( )_____

Attach the following to your application: (Your application will not be considered without all the following items.)

- **Copy of your Institutional Coursework from your MyCSC Account if you have academic history with CSC.**
- **Short essay describing your personal and career goals and explain how you would benefit from receiving this scholarship.**

I certify the above information is correct to the best of my knowledge. Failure to provide accurate information may void any scholarships received.

_____ _____
Signature of Applicant (Must Be Signed) **Date**

Office Use Only
_____ 285 _____ Dept
_____ EX _____ Dept
_____ EM _____ Dept

03/24/08