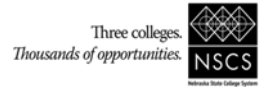




Chadron State College Transfer Scholarship Application



Complete and return this form to the Chadron State College, Financial Aid Office, 1000 Main Street, Chadron, NE 69337 by March 1. Please print legibly or type.

I plan to begin attendance at CSC: Fall 20____ Spring 20____ Full Time____ Part Time____
On Campus____ Distance Education (On-line)_____

Name: (Last, First, MI) _____ Date of Birth : (mm/dd/yyyy) _____
Permanent Address: _____ Telephone: (____) _____
City: _____ County: _____ State: _____ ZIP: _____
College Presently Attending: _____ High School Attended: _____
Area of study _____ Major/Endorsement _____

Please check all the following that apply:

- | | |
|---|--|
| <input type="checkbox"/> 1. Currently live on a ranch or farm | <input type="checkbox"/> 10. Successfully completed the PPST |
| <input type="checkbox"/> 2. Descendent of a Chadron Prep Alum | <input type="checkbox"/> 11. Five years of 4-H plus 5 years of Home Economic 4-H projects |
| <input type="checkbox"/> 3. Attended rural Dawes County grade school | <input type="checkbox"/> 12. Pursuing a career as a kindergarten Teacher |
| <input type="checkbox"/> 4. Nontraditional Student | <input type="checkbox"/> 13. Member of Phi Beta Lambda at least 1 year |
| <input type="checkbox"/> 5. Attended Chadron Kenwood Grade School | <input type="checkbox"/> 14. Eagle Newspaper staff member |
| <input type="checkbox"/> 6. Dependent of NE farmer/rancher or dependent of their employee | <input type="checkbox"/> 15. Plan to student teach in the upcoming academic year |
| <input type="checkbox"/> 7. Involved in 2 college activities with 1 related to field of study | <input type="checkbox"/> 16. Member or willing to become a member of Nebraska Association for Health, Physical Education, Recreation and Dance |
| <input type="checkbox"/> 8. Member of CSC Campus Historical Forum | |
| <input type="checkbox"/> 9. Parents or Grandparents are CSC Alums | |

Attach the following:

(Your application will not be considered without all the following items.)

- **Copy of ALL college transcripts.**
- **List all colleges attended.**

Most Current College (Must be completed by Registrar)

Cumulative GPA _____
Cumulative Hrs Completed _____
Anticipated Graduation Date _____
Degree Type _____

College Activities/Honors

(Continue list on the reverse side, if necessary)

Signature of Registrar

Based on your family's adjusted gross income from the most recent tax year, please mark the appropriate income. Financial aid need-based scholarships are awarded based on the income information below. Failure to accurately report the income information may nullify the need-based scholarship award.

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

I certify the above information is correct to the best of my knowledge. I understand inaccurate information I have provided may void any scholarships received. Applications with missing information will not be considered until all information is received. If information is received after the deadline, the application will be considered late.

Signature of Applicant (Must Be Signed)

Date

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