DEADLINES:

SUBMIT THIS DAVIS–CHAMBERS TRANSFER SCHOLARSHIP APPLICATION BY
APRIL 1, 2015 (UNL, UNK, UNO)
AUGUST 1, 2015 (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 1ST FLOOR
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

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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 1, 2015

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 1ST FLOOR
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.

2013

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-

2014

Adjusted gross income (please estimate) Number of exemptions you will be claiming

Please indicate, from the 2014 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