BILL LEWIS SCHOLARSHIP APPLICATION

All requested information must be provided. If incomplete, your application may not be considered. Please attach additional pages as needed to complete this application.

Name	Birth Date:		
Home Address:			
Phone:	E-mail Address:		
Dates of Parent's Registration as Off	ficial with NSAA (if applicable) _		
Parents' Name	Other	Other Parent's Name	
Parent's Home Address (if different)			
High/Home School Attending		Graduation Date	
GPA	ACT Score	SAT Score	
(Please give GPA on the $1-4.0$ (+)	scale – you must convert if your so	hool uses a percentage scale.)	
Where do you plan to attend college	?		
What is your career field?	I	Degree Sought	
Why have you chosen this career field		l succeed?	
Please tell us about your involvemen	nt in school and community activit	es (including officiating activities,	if any)
Please list all additional scholarships the status of said applications and an		ancial assistance for which you hav	e applied and
*Please enclose a statement of your	financial need for this scholarship	and involvement in NSAA sanction	ed activities.
Name and address of your local new	spaper:		
Signature		Date	
Return to:			
Nebraska Officials Foundation PO Box 243	OR	Email to:	

Stadium_Sports@hotmail.com

Spencer, NE 68777