



Dear Applicant,

We would like to invite you to apply for the Suburban Rotary Scholarship. This is our 47th year of offering scholarships to students. This year there will be 10 scholarships awarded at \$3,000 each. This scholarship is renewable for two additional years. Only completed applications will be eligible for the Suburban Rotary Scholarship.

A completed application must contain all the following forms:

1. Scholarship Application
2. Faculty Recommendation
3. School Counselor
 - A. IEP Classification
 - B. Transcript
4. Consent and Release Form
5. All Forms Signed/ Dated

Submit all documents together by January 31, 2024 to:
Omaha Suburban Rotary
4089 S. 84th St. PMB 317, Omaha, NE 68127



4089 S. 84th St. PMB 317
Omaha, NE 68127

Valid application must contain:

- ☐ All forms completed
- ☐ All signatures
- ☐ Dated
- ☐ IEP classification
- ☐ Transcript
- ☐ Faculty recommendation

SCHOLARSHIP APPLICATION

(To be completed by the student)

Name of student: _____
Address: _____ City: _____ Zip: _____
High School: _____ Address: _____
Zip: _____ Phone: _____ Alternate/Cell Phone: _____
Email: _____ Email Post Graduation _____
Where do you plan to attend college full time? _____
When do you plan to enroll? _____
What are your goals? _____

How will continuing your education help fulfill your goal(s)? _____

What challenges does your disability present for you? _____

What are your non-school activities (examples: job, organizations, volunteering)? _____

What is your greatest accomplishment? _____

Student Signature

Date



Faculty Recommendation

(To be completed by faculty member)

Name of student: _____

Why do you recommend this student for the Suburban Rotary scholarship? _____

What special talents or attributes does this student demonstrate?

What special efforts have you observed this student putting forth to achieve her/his success?

Faculty Member Signature

Date



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To be completed by School Counselor

Name of Student: _____

Email: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Mother's Name: _____ Phone: _____

Cell: _____ Email: _____

Address (if different from student):: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____

Cell: _____ Email: _____

Address (if different from student):: _____ City: _____ State: _____ Zip: _____

High School: _____ Counselor's Name: _____

Phone: _____ Email: _____

School representative: _____ Phone: _____

Current IEP classification #: _____ GPA rank in class: _____

(See page 5 for Title 92, Chapter 51 classifications)

Brief description of disability/limitations: _____

Special talents or attributes: _____

School activities/affiliations: _____

Main field of interest: _____

College Plans/Name of College: _____ Desired Vocation: _____

Counselor's Signature

Date

Please attach student's transcript. (Required)



CONSENT AND RELEASE FORM
(To be completed by parent/legal guardian)

I understand the Rotary scholarship is intended for full-time post secondary school attendance and may be renewed for up to two additional years. Request for exception to any aspect of the scholarship requirements must be made in writing.

I have verified that all required materials are enclosed and acknowledge that not including a required material may render me ineligible for the Suburban Rotary scholarship.

I give my consent to Suburban Rotary to disclose all information relevant to the application information and verified disability of my child, _____, who attends _____ School, to use name, image or likeness in written materials, (such as a billboard) photographs or videos-about the Suburban Rotary Scholarship Program. I understand that the Suburban Rotary will use these materials for informational or public relations purposes only to enhance the scholarship program.

Signature of Student

Date

Signature of Parent or Legal Guardian

Date

Mail all required materials to:

Scholarship Committee
Omaha Suburban Rotary
4089 S. 84th St. PMB 317
Omaha, NE 68127

APPLICATION MUST BE POSTMARKED BY JANUARY 31, 2024

TITLE 92 CHAPTER 51

(Revised July 15, 2014)

TITLE 92 CHAPTER 51

Section 006.04 as follows:

006.04 Eligibility for Special Education

006.04A School districts or approved cooperatives shall provide special education services only to children with verified disabilities.

006.04B Autism

006.04C Deaf-Blindness

006.04D Developmental Delay

006.04E Emotional Disturbance

006.04F Hearing Impairment

006.04G Intellectual Disability

006.04H Multiple Impairments

006.04I Orthopedic Impairment

006.04J Other Health Impairment

006.04K Specific Learning Disability

006.04L Speech-Language Impairment

006.04M Traumatic Brain Injury

006.04N Visual Impairment including Blindness