CEDARS Future Funds Scholarships 2020

Eligibility Requirements

- Current or former CEDARS client (see list below)
- High School Diploma or G.E.D.
- Enrolled in or starting college between July 2020 and April 2021
- Meet the criteria for financial need (Eligible for Federal Pell Grant)

Selection

- CEDARS will notify all applicants by mail.
- Scholarships are available in various amounts up to $1,000.
- Recipients may re-apply on an annual basis.
- Recipients must present award letter to the admissions office at the school of their choice.
- Funds will be transferred and applied directly to tuition and fees based upon receipt of enrollment verification.

Acceptable Use

- Awarded funds can be used for any nonprofit institution regardless of location.
- Awarded funds can be used for equipment and materials necessary for a secondary degree, such as laptop, books, CNA classes, tuition, but cannot be used for room and board.

Questions? Please contact Kerrie Saunders Jones at 402-437-8842 or ksaunders@cedarskids.org

CEDARS Programs/Services Applicant Might Have Utilized

This list is not exhaustive.

- Arnold Community Learning Center (CLC)
- Boys Home
- Carol Yoakum Early Childhood Development Center (ECDC)
- CEDARS Emergency Shelter (Pioneers Center)
- CEDARS Home
- Clinton CLC
- Downtown ECDC
- Electronic Monitor Program
- Family Support
- Foster Care
- Freeway Station
- Hartley CLC
- Healthy Families (HFA/HFHV)
- In-Home Safety
- Intensive Family Preservation
- Juvenile Diversion Services
- Life Skills Center
- Northbridge ECDC
- Parenting Time
- Partners in Permanency (PIP)
- Reporting Center
- Richardson House
- Service Coordination
- Sixpence
- Street Outreach Services (SOS)
- TLC
- Tracker Program
- Transitional Living Program (TLP)
- Turning Point Residential Treatment Center
- Wraparound
- Youth Opportunity Center (YOC)
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Application Form

Instructions
• Complete the application, including the questions at the bottom.
• Enclose a photocopy of your Student Aid Report that you receive after submitting the Free Application for Federal Student Aid (FAFSA)
• Enclose the completed recommendation sheet. Must be completed by a CEDARS staff or non-relative (i.e. coach, teacher, counselor)
• Mail your application packet to: CEDARS, Attn: Scholarship Program, 6601 Pioneers Boulevard, Ste. 1, Lincoln, NE 68506

Applicant Information
Name ________________________________________________________________
Mailing Address ______________________________________________________
City __________________________ State _____________ Zip Code ___________
Home Phone ___________________________ Cell Phone _______________________
Email ________________________________ Birth date ________________________
Is this your first time submitting an application for this scholarship? ____ Yes  ____ No

Education History
Date received High School Diploma or G.E.D. ________________________________
Name of School _________________________________________________________

College Currently Attending or Planning to Attend
Name of School _________________________________________________________
City __________________________ State ________________________________
Start Date ______________________ Expected Graduation Date __________________
Major or Field of Study __________________________________________________

Answer the following essay questions on a separate sheet of paper. Must be typed or written in blue or black ink. Be sure to label your answers with your first and last name.

1. What are your short-term and long-term goals? And how will this education help you reach those goals?
2. How has CEDARS helped you in your life?
3. Tell us about your strengths and your single greatest accomplishment. How will these help you in pursuing your education?
4. What obstacles have you overcome and what current and future challenges do you face? How have you overcome those obstacles and how do you plan to overcome future challenges?
Recommendation Form

To Be Completed by Applicant

Name ____________________________________________________________

College Currently Attending or Planning to Attend _____________________________

Major or Field of Study ________________________________________________

To Be Completed by Person Providing Recommendation

Name ____________________________________________________________

Affiliation/Organization ______________________________________________

Position ___________________________________________________________

E-mail Address ______________________________________________________

Phone Number ______________________________________________________

Signature __________________________________________________________

Date __________________________________________________________________

Please answer the questions below about the applicant on another sheet of paper. Use as much detail as possible as your recommendation plays an important part in consideration of a scholarship. Thank you.

1. Describe your relationship with the applicant.

2. Describe how the applicant has overcome past obstacles. When possible, please use examples.

3. Describe the applicant’s strengths and potential to complete coursework.

4. Discuss the applicant’s financial need.

5. What else should the review committee know in considering this applicant?

Please return this form to the applicant in a sealed envelope.