NEBRASKA IMPACT SCHOLARSHIP FORM
MARK A. PLETKA MEMORIAL

APPLICANT GENERAL INFORMATION		
Player Last Name	First Name:	Middle Name:
Date of Birth:	Current Age:	
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Email:
Mother's Name:		
Current Address:		
City;	State:	ZIP Code:
Home Phone:	Cell Phone:	Email:
Father's Name:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Email:

ACADEMIC INFORMATION				
Grade School / Middle School currently Attending:				
Current Class Level: circle one	5th grade	6th grade	7th grade	8th grade
High School currently Attending:				
Current Class Level: circle one	Freshman	Sophomore	Junior	Senior
Current GPA:				

ACTIVITES, SPECIAL RECOGNITION, COMMUNITY SERVICE INFORMATION
Lists Clubs, Sports, Activities, Student Government, Fine Arts, Special Recognition Awards:
List Community Service: Church, Civic, Clubs, etc:
Please use space below to describe your educational and career goals, your community and school involvements, and any special or unique circumstances you would like to share with the scholarship selection committee.

Please consider me for the following type of scholarship: circle one:	FULL PARTIAL
Parent's Marital Status:	Family Size (including player):

SIGNATURES	
I certify that all the information included in this application is true and complete. I understand that scholarships may be denied or withdrawn, if any information reported on this application is found to be intentionally misleading or inaccurate.	
Signature of Applicant:	Date: