

Lincoln Midget Football Inc.  
**SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION**

Parents/Guardian Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly   Salary   (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly   Salary   (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**PLAYERS DEPENDENTS**

Name:		
Date of birth:		
School(s)/address:		

**AUTHORIZATION**

I authorize Lincoln Midget Football INC. to verify the information provided on this form as to my housing and employment history.

Signature of applicant

Date

Please return completed application to:  
 Lincoln Midget Football INC  
 6300 SW 34<sup>th</sup> Street Lincoln NE, 68523