



NEELY  
FOUNDATION

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# Scholarship Application

Dear Neely Scholarship Applicant:

The Otto and Edna Neely Foundation awards scholarships to students who want to obtain a college education. Each scholarship, in the amount of \$3,000 per academic year, is granted to a high school senior who meets the qualifications listed below. The scholarship is for four consecutive years or until the student graduates, whichever is sooner, providing the student continues to be qualified.

## Applicant Qualifications:

- 1 Must be a citizen of the United States of America.
- 2 Must be a resident of the State of Arizona.
- 3 Must have and maintain a semester and a cumulative GPA of 2.5 or better.
- 4 Must have a demonstrated financial need.
- 5 Must attend an accredited Arizona academic college listed on the Neely Foundation Website, enroll as a full-time student and complete 12 hours or more each semester in classes toward a degree program.

## Application Information:

- 1 AT LEAST THREE letters of recommendation must be secured from non-relatives: TWO must be from someone at the high school (principals/teachers/counselors/coaches), and ONE from an adult not in any way connected with the high school. The recommendation form must be signed by each recommender and sent directly to your guidance counselor. IT IS THE STUDENT'S RESPONSIBILITY TO FOLLOW UP ON RECOMMENDATIONS TO ASSURE THEY ARE RECEIVED BY THE DEADLINE. An application is considered incomplete without three recommendations. Three recommendation forms are included with the application. Please copy if you desire additional forms.
- 2 EACH SECTION of the application must be completed and returned by the deadline. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- 3 Typed applications are preferred. Form may be copied or scanned for ease in completion.
- 4 Additional pages may be added for appropriate information or clarity in answering specific questions.

## Application Deadline:

Please return the completed application to your guidance counselor by the deadline set by the high school.

# I. Student Information

Last Name  First Name  Middle Initial

## Residence Address

Address   
City  State  Zip Code

## Mailing Address

Address   
City  State  Zip Code

Email  Cell Phone

Home Phone  Work Phone

Date of Birth  Sex M  F

U.S. Citizen Yes  No  AZ Resident Yes  No

Where will you live while attending college?

Are you Currently Employed? Yes  No  How Long?  # Hours Weekly

Employer  Location

Will you be employed while attending college? Yes  No  # Hours Weekly

Marital Status (check one) Married  Divorced  Single  Separated

# of Children  Ages

## II. School Information

From which high school will you graduate?

Current Cumulative GPA (as of last completed semester) (A=4.0 B=3.0 C=2.0 D=1.0)

Which college will you attend?

College Student ID Number:

What is your planned major?

Have you registered for classes?

 Yes No

How many hours (units) will you take each semester?

Do you plan to attend college for the next four consecutive years? Yes  No

If no, why not?

## III. Activities and Other Information (You may use an additional sheet if necessary)

What school, community, and church activities are you involved in?

What are your hobbies or interests?

List honors and awards you have received.

List honors and awards you have received.

How did you learn about the Otto & Edna Neely Foundation Scholarship?

## IV. Financial Information

### General Information

Are you residing with your parents? Yes  No

Are you supported financially by your parents? Yes  No

If not residing with your parents, with whom do you reside? Name

Address

Relationship

### Parents Marital Status

Mother Married  Divorced  Separated  Widowed  Remarried

Father Married  Divorced  Separated  Widowed  Remarried

If parents are divorced or separated, who is your legal custodian? Mother  Father  Legal Guardian

Please provide the information for the following custodial individual(s):

**Father, Stepfather, or Male Guardian**

Name  Age

Address

Employer  Occupation

**Mother, Stepmother, or Female Guardian**

Name  Age

Address

Employer  Occupation

**Dependents** List all dependents receiving financial support from parents/step-parents/guardians identified above.

# of Children  Ages  # Attending College

## Income Information

One of the requirements for obtaining a scholarship from the Foundation is a demonstrated financial need. Please provide information below for the parents/guardian and student unless the student is completely independent of the parents/guardian. (If the parents are remarried, please provide information for the custodial parent and step-parent.)

**INCOME SUBJECT TO TAX BEFORE DEDUCTIONS** - All information is to be based on PREVIOUS CALENDAR YEAR.

<b>Wages</b> (Circle applicable individual)	<b>Parents/Guardian</b>	<b>Student</b>
1. Father Stepfather Male Guardian	\$	\$
2. Mother Stepmother Female Guardian	\$	\$
3. Student	\$	\$
4. Spouse	\$	\$
Dividends, Interest, and Investment Income	\$	\$
Self-Employed Income/Net Business Income (Complete separate Supplement A)	\$	\$
Other Income (list):	\$	\$
<b>TOTAL INCOME SUBJECT TO TAX</b>	<b>\$</b>	<b>\$</b>

<b>INCOME NOT SUBJECT TO TAX</b>	<b>Parents/Guardian</b>	<b>Student</b>
Social Security	\$	\$
Veteran's Benefits	\$	\$
Government Benefits	\$	\$
Child Support	\$	\$
Tax Exempt Interest/Dividends	\$	\$
Other (list):	\$	\$
<b>TOTAL INCOME NOT SUBJECT TO TAX</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>
TAXABLE INCOME per income tax return	\$	\$
MEDICAL & DENTAL EXPENSES WHICH WERE NOT REIMBURSED	\$	\$
ESTIMATED INCOME FOR CURRENT YEAR (Explain significant changes from previous year.):	\$	\$

Parent/Guardian:

Student:

Indicate the amount of annual financial support from your non-custodial parent(s): \$

List any other scholarships/financial aid and amounts you have received or will receive for the upcoming academic year.

List scholarships / financial aid: \$  
\$  
\$

<b>ASSET &amp; INDEBTEDNESS INFORMATION</b>	<b>Parent/Guardian</b>	<b>Student</b>
<b>VEHICLE(S)</b>		
Present Market Value	\$	\$
Unpaid Loan Balance(s)	\$	\$
Monthly Payment(s)	\$	\$
<b>HOME</b>		
Present Market Value	\$	\$
Unpaid Mortgage or Debts	\$	\$
Monthly Rent or Mortgage Payment on Family Home	\$	\$
<b>REAL ESTATE OTHER THAN HOME</b>		
Present Market Value	\$	\$
Unpaid Mortgage or Debts	\$	\$
<b>OTHER INVESTMENTS (Stocks, Bonds, Mutual Funds, etc.)</b>		
Present Market Value	\$	\$
<b>CASH, SAVINGS, &amp; CHECKING ACCOUNTS</b>		
	\$	\$
<b>BUSINESS</b>		
Present Market Value	\$	\$
Unpaid Mortgage or Debts	\$	\$
<b>OTHER DEBTS OUTSTANDING (including credit cards)</b>		
Total Monthly Payments	\$	\$
<b>ESTIMATED EXPENDITURES FOR THE UPCOMING ACADEMIC YEAR</b>		
Tuition	\$	\$
Books		
Fees/Labs	\$	\$
Transportation (gas, mileage, etc.)	\$	\$
Housing Expenses (rent, utilities, insurance)	\$	\$
Other (please specify school related expenses)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

OTHER

List any unusual circumstances that you feel should be considered.

**V. AFFIDAVIT**

I (we) hereby certify that all of the above information is true and correct to the best of my (our) knowledge and belief. Upon request, I (we) will provide copies of financial records including income tax returns to verify the information contained in this application. I (we) understand all information submitted by me (us) will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients. In addition, I (we) understand the information will be used solely for those purposes.

If I am selected for a Foundation scholarship, I specifically authorize the college or university I attend to release any and all information concerning my academic performance to the Otto & Edna Neely Foundation for the purpose of determining my continued eligibility for the scholarship. In addition, I hereby authorize the release of general information about myself for use in publicity related to the scholarship program.

I also agree to promptly provide to the Foundation all information requested concerning my academic performance. Further, I agree that I will notify the Otto & Edna Neely Foundation promptly of any changes which would affect my eligibility for this award and any changes in my address, contact information, or college or university I attend or plan to attend.

I understand the scholarship is for four consecutive years, or until graduation, whichever is sooner, providing I remain qualified.

Signature of Applicant

Signature of Both Parents/Guardians (if applicable)

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Date

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Date



## Supplement A TO BE COMPLETED ONLY BY BUSINESS OWNERS AND/OR SELF-EMPLOYED PERSONS

If the parents/guardians and student are both business owners and/or self-employed, each one should complete a separate Supplement A. (Make copies of this form as necessary.)

Applicants Name

Business Name

Business Owned By

Nature of Business

Date of Organization  # of Employees

Business Type: Corporation  Partnership  Proprietorship

### Balance Sheet Summary as of last calendar or fiscal year

Current Assets	\$
Fixed Assets	\$
Other Assets	\$
Total Assets	\$
Current Liabilities	\$
Long-Term Liabilities	\$
Total Liabilities	\$
NET WORTH	\$

### Profit & Loss Summary for the last calendar or fiscal year

Gross Receipts or Gross Sales	\$
Cost of Goods Sold and/or Operations	\$
Gross Profit	\$

Other Business Deductions \$

NET PROFIT/LOSS \$

Your Gross Salary or Amount Drawn for the Year \$

Your Share of Ownership is %

## Recommendation Form

Please type or print (a separate letterhead may be attached)

Name of Applicant

Recommender (check one): Teacher  Other  Please specify:

We request your frank, confidential statement based on your knowledge of the above-referenced applicant. Please indicate your association with the applicant, length of acquaintance, and the reasons you believe he/she would be a worthy candidate for an Otto & Edna Neely Foundation Scholarship. We are interested in specific points such as reliability, chance of success in his/her chosen field, motivation and ability that does not necessarily reflect in his/her grades. Information contained in your recommendation will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients.

Name of Recommender

Address

City

State

Zip Code

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Signature of Recommender

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Date