UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

THE MILTON E. MOHR SCHOLARSHIP and FELLOWSHIP PROGRAM

Please Print				
Name				
First		M.I.	Last	
UNL ID #		E-Mail		
Local Home Address				
	Street Address/	Box Number		
City	State	Zip Code	Area Code	Telephone Number
Permanent Home A				
	Street Address/	Street Address/Box Number		
City	State	Zip Code	Area Code	Telephone Number
Department				
Major (Primary)				
Number of Credit H	ours Completed Towa	rd Degree*		
Number of Credit H	ours in Progress*			
*Hours complete	ed plus those in progress mus	st be greater than 54		
Cumulative GPA (mu	ıst be 3.5 or greater to be eli	igible)		
Expected Date of G	raduation			
Advisor/Mentor				
<u>-</u>				
Signature of Student			Date	
Signature of Department Head	d		 Date	

Submit to your Department Head by Friday, March 7, 2025

- ◆ Completed application form
- One (1) letter of reference (Students will be selected on their academic performance and potential for accomplishments in their specific field.)
- ◆ Transcripts (*obtain from MyRed*)
- ♠ Resume
- ♦ Statement of Career Intentions (200-300 word essay on your career aspirations as they relate to the scientific, technological, and/or business aspects of biotechnology or engineering. Sign and date your essay.)