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 Address				
	Street Address/	et Address/Box Number		
City	State	Zip Code	Area Code	Telephone Number
Department				
Major (Primary)				
Number of Credit Hours Co	mpleted Towa	ard Degree*		
Number of Credit Hours in	Progress*			
*Hours completed plus the	_	st be greater than 54		
Cumulative GPA (must be 3.5	or greater to be el	ligible)		
Expected Date of Graduation	on			
Advisor/Mentor				
, <u> </u>				
Signature of Student			Date	
Signature of Department Head			Date	

Submit to your Department Head by Friday, March 8, 2024

- ◆ 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.)