Police Federal Credit Union of Omaha
Robert Sklenar Memorial Scholarships

2026 SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address City State Zip

Phone: _____ Email: _____

PFCU Account #: _____ DOB: _____ SS#: _____

Parent/Guardian

Full Name: _____
Last First MI

Address:_____
Street Address City State Zip

Phone: _____ Email: _____

Education Information

High School: _____ Graduation Date: _____

High School Address: _____ HS Phone#: _____

Name of Accredited Post-Secondary School You Will Attend: _____

Address: _____
Street Address City State Zip

__ 2-Year Community/Junior College __4-Year College/University __ Vocational/Technical School

Anticipated Annual Cost $ _____

Disclaimer and Signature

I, the applicant, certify that the information provided is complete and accurate to the best of my knowledge.

Signature: _____ Date:_____

PLEASE RETURN THIS COMPLETED FORM BY 5:00 PM ON FEBRUARY 20, 2026 TO: nancy@opfcu.com or:

Attn: Nancy Eisenberger
Police Federal Credit Union of Omaha
3003 S 82nd Ave

Omaha, NE 68124