



2021 ROBERT SKLENAR MEMORIAL SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address City State Zip

Phone: _____ Email: _____

OPFCU 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 PM ON FRIDAY, FEBRUARY 19, 2021, TO:

nancy@opfcu.com or: Attn: Nancy Eisenberger
Police Federal Credit Union of Omaha
3003 S 82nd Avenue
Omaha, NE 68124