



The Driver Education Scholarship Program sponsored by State Farm Insurance has been established to provide underprivileged teens in our community the much needed and valuable behind the wheel safe driving instruction offered through the National Safety Council, Greater Omaha Chapter's Driver Education program. The scholarships will make it possible for students who may not have the opportunity to take advantage of a formal driver education program, which studies have proven reduces the incidence of teen driving accidents and citations.

Scholarships will cover the full cost of the program and will be awarded based on the Nebraska WIC Income Guidelines.

Thank you State Farm Insurance Companies for your support of "Safe Driving"!

Scholarship Requirements:

- ... Applicants must complete program prior to turning 18 years old
- ... Applicants must provide a copy of the most recent income tax return, or some proof of family income for all residents at the student's address
- ... Applicants must provide a short narrative, no more than 150 words explaining why they are deserving of this scholarship
- ... Applicants must complete four hours of community service to be served at the National Safety Council, Greater Omaha Chapter
- ... Applicants are required to write a "thank you" letter to State Farm Insurance for their support. The Council will forward letters to State Farm Insurance
- ... **Please complete the application below. Upon confirmation of your eligibility, your application will be reviewed and you will be contacted if you are selected to receive a scholarship. For more information about the Council's driver education program and schedule, please visit www.safenebraska.org .**



Greater Omaha Chapter



Driver Education Scholarship Program Sponsored by State Farm Insurance

(Please Print)

Student's Legal Name: _____ Date of Birth: _____

Age: _____ Male ___ Female ___

Home Telephone: _____ Student's School: _____

Grade Level: _____ POP or Permit Number # (required) _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Parent /Guardian Name: _____

Emergency Phone (work) _____ (cell) _____

1) Choose your classroom session (8:00 a.m. – 1:00 p.m.)

First Preference _____ Second Preference _____

2) Choose drive time (subject to change)

First Preference _____ Second Preference _____

A) 8:00 – 10:00 a.m.

B) 10: 00 a.m.-12:00 (Noon)

C) 12:00 (Noon)-2:00 p.m.

D) 3:00-5:00 p.m.

E) 5:00-7:00 p.m.

F) 7:00-9:00 p.m.

Mail to: NSCGOC
Attn: DR ED Program Manager
11620 "M" Circle
Omaha, NE 68137

or
Fax to: (402) 896-6331