



WellCare of Nebraska Offering Academic Scholarships

Scholarship Request Form

You must meet the below criteria to be eligible for a scholarship:

- Be a current active member
- Write a 200 word essay explaining why you believe you are eligible to receive this scholarship
- Complete the below Scholarship Request Form (all areas must be completed)
- Receive your GED with a score of 600 or higher; **OR**
- Must graduate from high school with at least a 3.0 grade point average; **OR**
- Receive a minimum SAT score of 1080, **OR** a score of 20 or higher on the ACT
- Selected members must submit proof that they are continuing their education at a college or university

Restrictions

- One \$1,000 scholarship per person per lifetime
- WellCare will award 10 scholarships for \$1000 each per winner
- A limited number of scholarships will be awarded
- The scholarship recipient must submit proof that they are a full-time student at a college or university to receive the second payment

Member ID _____

Name _____

Address _____

High School attended (proof is required) _____

College or University attending (proof is required) _____

Members will be chosen on a first-come, first-serve basis. Thank you for your interest in the program.

Please send an e-mail to CaidProdMgmt@wellcare.com. The form can be faxed to us at **1-888-338-3373**, or mailed to: PO BOX 31419, Tampa, FL 33633



WellCare of Nebraska, Inc. complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, disability, age, religious belief, gender, sexual orientation, ethnicity, or language needs.

If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-855-599-3811**. For TTY, call **711**.

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle información en otros formatos sin costo para usted. Estos incluye braille, audio y letra de imprenta grande. Simplemente, llámenos sin cargo al **1-855-599-3811**. Para TTY llame al **711**.

如果中文是您的母語，我們可以為您翻譯。我們也可以免費用其它格式為您提供資訊。這些格式包括布萊葉文、音頻及大字體。僅需撥打我們的免費電話。您可以撥打 **1-855-599-3811** 聯絡我們。TTY 用戶請撥打 **711**。



<http://dhhs.ne.gov/heritagehealth>