

## **Job Enhancement Scholarship**

Scholarship funds provided by the Nebraska City Community Foundation.

We welcome your interest in this scholarship and wish you success as you pursue your educational goals. Complete the application if you are in need of financial assistance for any workforce development (or job related) class, either credit or non-credit, as long as there is no award of federal financial aid. The completed scholarship application and course registration form must be completed to be considered for the scholarship award.



### **Application Deadline:**

Due two weeks before the course start date. If approved and funds are available, the scholarship will award 75% of the tuition. Student will be responsible for the cost of books, fees or supplies, if applicable. The scholarship is intended to help students taking courses to improve job-related skills. Applicants will be notified of the scholarship committee's decision within 3-5 days prior to the beginning of the course.

### **Eligibility Requirements:**

- Must live within a 20-mile radius of Nebraska City AND work in 68410
- Good standing at SCC
- Strength of personal need statement

## **Expectations of Award Recipients:**

Remain in good standing with continued progress toward educational and career goals
Consider sharing your story to promote the Southeast Community College Learning Center
at Nebraska City and its scholarship program

## Submit Application Materials (Due two weeks prior to start of course):

- 1. Job Enhancement Scholarship Application Form
- 2. Credit or Non-Credit Course Registration Form
- 3. 25% of Tuition Balance Payment Due

### Complete and Mail or Drop Off:

Southeast Community College Learning Center at Nebraska City Scholarship Committee 1406 Central Avenue Nebraska City, NE 68410 Or Complete, Scan and Email to: cmeyer@southeast.edu

For more information, please call Cindy Meyer at 402-323-3636 or 800-828-0072, ext. 3636.



# Job Enhancement Scholarship Application Form



We welcome your interest in this scholarship and wish you success as you pursue your educational goals. Complete the application if you are in need of financial assistance for any workforce development (or job related) class, either credit or non-credit, as long as there is no award of federal financial aid. The completed scholarship application and course registration form must be completed to be considered for the scholarship award.

Name:					
First	MI			Last	
Phone:			Date of	Birth:/	/
Email:					
Address:Street					
Street			City	State	Zip
Have you ever taken classes through SCC?	Yes	□ No			
Are you receiving federal aid for this class	s? 🛭 Yes	□ No			
Course you are requesting scholarship for	:				
Course Number:	Co	urse start o	date:/	<i>I</i>	
Course Tuition \$		Fxa	ample Tuition:	\$200.00	
Minus 75% - \$			Minus 75%:	- \$150.00	
Balance Due \$			Balance Due:	\$50.00	
IMPORTANT: Please submit this complete the tuition as described above. If you are remainder of the tuition or you may drop	not selecte	d as an awa	ard recipient, you		
Signature			Date	//	
Office Use Only					
Date received by	1				

Page 1 of 2 A0001 (Updated May 2023)



## **Job Enhancement Scholarship**

Be as specific as possible as your narrative will be used in determining eligibility.

Your response should be type written or legibly hand written. Feel free to use a second page if necessary.

Note: Applicants must receive an average accumulative score of 75 points to be awarded this Scholarship. Applicant's Name: Question #1 is worth 80 points Describe how this class/classes will: 1) Enhance your job a. How this will potentially advance your position or pay (promotion/more hours)? b. How will it make a difference in your career/job? c. Describe why you are requesting assistance in paying the tuition. Question #2 is worth 20 points 2) How will this class impact your current or future employer/company?

Page 2 of 2 A0001 (Updated May 2023)



## **REGISTRATION FORM CREDIT COURSES**

PLEASE PRINT CLEAR	RLY										•	CHECK ONE:
Legal Name: Last	First				Middle	Middle			mber			☐ Beatrice Campus • Fax 402-228-8935 ☐ Lincoln Campus • Fax 402-437-2402
Former Name:	E-mail	Addres	ss: (requ	ired for students on class waitli	sts)		Socia	al Security N	lumber			☐ Milford Campus • Fax 402-761-2324
Local / Preferred Mailing Address:				City		County				<b>TERM</b> Year: 20		
Permanent Address:	City				State Zip			County				☐ Fall ☐ Spring ☐ Summer
Birth Date:	I identi □ Male		Female	Ethnicity (select one):  Hispanic or Latino  Not Hispanic or Latin	nic or Latino American Indian or Alaska Native Native Hawaiian or Other Pacific Islander				Yes, I am Declared (list program of study)			
Cell Phone:		Home	e Phone:		Business Phone:		Vete Utiliz	ran or Deper ring Military	Benefits [	No □ N	esident of ebraska on-Resident	NEWSPAPER RELEASE Hometown Newspaper:
High School Attended / GED*:				ity	State		Start Date (	mo/year)	Gra	duation Da	ite (mo/year)	Address:
College Attended Post High School:			(	ity	State		Start Date (	mo/year)	En	d Date (mo	/year)	
				CREDIT CO	URSES							
				Credit Be Course Title Hours Tir			End Time	Room	Days	LAST DAY to Drop With Refund	Day designations when class meets are:  M = Monday, T = Tuesday,	
E N G L 1 1 2 0	L N	8	1	ENGLISH BASICS (s	sample only)	3	8 a.m.	9:20	T-5	T/R	-	W = Wednesday R = Thursday, F = Friday S = Saturday, U = Sunday
												(T R means class meets Tuesday <u>AND</u> Thursday)
												OFFICE USE ONLY
												Data Entry
												Date
							TOTAL	CREDIT H	OURS			
Student Signature				D	)ate	Program	Director/Ac	lvisor Signa	ture			

#### Submission of this form indicates that I understand:

- 1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed;
- 2. To drop or withdraw from classes, I must submit an 'Official Drop/Add Form for Credit Classes' in writing to the Registration Office located in Student Affairs or drop the classes using WebAdvisor. Failure to attend a course does not constitute
- 3. I understand tuition charges and refund policies are published in the College Catalog;
- 4. The personal information contained herein is correct as shown; and
- 5. Any changes in SSN, legal name, address, residency, etc., must follow the College procedures in the College Catalog.

regard to race, color, religion, sex, age, marital status, national origin, of Southeast Community College's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/ Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

Equal Opportunity/NonDiscrimination Policy - It is the policy of Southeast Declaración de política sobre equidad/antidiscriminación - La política Community College to provide equal opportunity and nondiscrimination in publica de Southeast Community College es de proveer equidad, y prohíbe all admission, attendance, and employment matters to all persons without discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo, edad, ethnicity, veteran status, sexual orientation, disability, or other factors estado civil, origen nacional, etnia, condición de veterano, orientación prohibited by law or College policy. Inquiries concerning the application sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio. Preguntas relacionadas a la política sobre equidad/antidiscriminación de Southeast Community College deben dirigirse a: Vice President for Access/ Equity/Diversity, SCC Area Office, 301 S 68 Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, o jsoto@southeast.edu.

Southeast COMMUNITY COLLEGE

PLEASE PRINT

only use the fax number listed or verify with SCC before using another SCC fax number.

## In-Office Registration Form—Non-Credit Course

Today's Date
/

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit **www.southeast.edu/collegecatalog** for additional information.

Social Security Number OR SCC Stude	nt ID Number	Birth Date	Name: Last			First	Middle Initial			
Residence Mailing Address			City	Sta	ate	Zip			County #	
Email Address			Cell Phone			□ Home □	□ Business Phon	е		
∣identify as: □ Male □ Female		raska Resident on-Resident	Ethnicity (select one ☐ Hispanic or Latino	☐ Not Hispanic or ☐ V	Vhite	one or more):   Asian  vaiian/Other Pacific			n/Alaska Native can-American	
cou	RSE NUMBER			TITLE			START	DATE	COST	
									\$	
									\$	
									\$	
									\$	
				Would you like a	sc	C Staff Tuition Waiver	(	)	FOR OFFICE USE ONLY	
SIGNATURE  Check			receipt mailed to you	ı?	TOTAL D	OTAL DUE		☐ Registration by phone		
Name as it appears on card:  Exp.Date CC #  Billing agency (INCLUDE LETTE  For the protection of your personal or	Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute a nofficial drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog, It is the									

policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, martial status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy, Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th St. Place, Lincoln, NE 68510, or josto@southeastedmination.