



2016-2017

Lincoln Public Schools (LPS) and Southeast Community College (SCC) have entered a partnership with Union Bank & Trust and Nelnet to offer a needs-based scholarship for students to attend Southeast Community College in Beatrice, Lincoln, or Milford. This scholarship, funded by Union Bank and Nelnet, pays tuition and fees for up to 45 quarter credits.

Please print clearly in black or blue ink.

Legal Name \_\_\_\_\_
Home Address \_\_\_\_\_
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_
High School \_\_\_\_\_

Student ID Number \_\_\_\_\_
City, State, and Zip \_\_\_\_\_
Email \_\_\_\_\_
Date of Graduation: \_\_\_\_\_
(actual or projected)

Please check one: Junior \_\_\_\_\_ (\*\*dual enrolled at SCC, not attending The Career Academy (TCA) \*\*)
Senior \_\_\_\_\_

When do you plan to enroll at Southeast Community College or begin using your scholarship?

Please circle one: Fall 2016 Spring 2017 Summer 2017 Fall 2017 Winter 2018 Spring 2018
Senior Year for Dual Credit Courses Only TCA Only

Additional Information

(Circle One)

Do you receive any accommodations through Special Education or a 504 plan?
Have you submitted an application for Vocational Rehabilitation services?

Yes No
Yes No

Eligibility Requirements

Applicants Must:

- 1. Be enrolled in a Lincoln Public or Private School at the beginning of his or her senior year (12th grade) and remain in the district until graduation.
2. Be eligible for free or reduced-price meals.
3. Give permission to school personnel to verify eligibility for free or reduced-price meals.
4. Be enrolled at Southeast Community College within one year of graduation date.
5. Complete the 45 quarter credit hours within 24 months of first enrollment at Southeast Community College after graduation.
6., Must not be placed on academic probation and/or have grade point average (GPA) below 2.0 (cumulative), while enrolled at Southeast Community College.
7. Acknowledge an understanding that failure to earn credits in a course because of illness, not attending class or for any other reason after the drop date to receive a full refund will result in the number of credit hours for that course counting towards the allotted 45 credit hours.
8. Acknowledge an understanding of responsibility for any special fees that are in addition to the tuition and fees.
9. Acknowledge that receipt of scholarship is a privilege, not a right, and understand that the scholarship may be terminated or revoked at any time, without cause.
10. Complete and sign the Sharing of Information section of this application.

I have read, understand and agree with all of the eligibility and scholarship program conditions and requirements.

(Student Signature)

(Printed Name)

(Date of Birth)

(Parent/Guardian Signature)

(Printed Name)

(Date)



## SHARING OF INFORMATION SECTION

Dear Parent/Guardian and Student:

The Scholarship Program you have applied for applies to "Eligible Students" defined in the Scholarship Program agreement as follows:

**"Eligible Student" Defined.** For purposes of this Agreement, an Eligible Student means a person who is dual enrolled as a junior or enrolled as a student at the School no later than the beginning of his or her senior year (12th grade) and who is, during that school year, eligible for free or reduced-price lunches under United States Department of Agriculture child nutrition programs.

A student who meets the criteria for free or reduced-price lunches shall be deemed an "Eligible Student" whether or not the student actually takes advantage of such a program. A student who leaves the School prior to graduation shall not be eligible to participate in the program described in this Agreement.

The agreement requires Lincoln Public Schools (LPS) to certify your child's eligibility. In order to do so, we must have permission to share your Free and Reduced Price School Meals information and your eligibility status for free or reduced-price lunches under United States Department of Agriculture child nutrition programs with all Scholarship Program partners or their affiliates and personnel. It is therefore necessary that you (a) complete this form granting such permission if we already have a Free and Reduced Price School Meals Application, or (b) complete all necessary Free and Reduced Price School Meals Application forms and complete this form granting such permission. This form must accompany all applications for the Scholarship Program and will not change whether your children get free or reduced price meals.

In addition, the Scholarship Program agreement requires that LPS and Southeast Community College (SCC) periodically share with and provide to each other, and to all Scholarship Program partners and their affiliates, student grades and other personally identifiable information to assist them in administering and evaluating the program. It is therefore also necessary that you complete the Family Educational Rights and Privacy Act (FERPA) consent below.

Yes! I DO consent, grant permission, and want LPS and its school officials to share all necessary information from my Free and Reduced Price School Meals Application or documents in regard to the Scholarship Program with (1) all School District personnel; (2) SCC and all of its personnel; (3) SCC Educational Foundation and all of its personnel; (4) Farmers & Merchants Investment Inc., Union Bank and Trust Company, and Nelnet, Inc., or their affiliates, and all of their personnel; and (5) any other individuals, companies or partners and their personnel who are named in or are signatories to the Scholarship Program agreement.

Yes! I DO consent, grant permission under FERPA and want LPS and all of its school officials and SCC and all of its school officials to share personally identifiable information from the below named child's student's education records with each other, (1) the SCC Educational Foundation and all of its personnel; (2) Farmers & Merchants Investment Inc., Union Bank and Trust Company, and Nelnet, Inc., or their affiliates, and all of their personnel; and (3) any other individuals or companies and their personnel who are named in or signatories, to the Scholarship Program agreement.

**If you checked yes to the boxes above, also fill out and sign the form below. Your information will be shared only with the programs and/or entities and individuals you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please forward the original application to "Learn to Dream", Lincoln Public Schools, 5905 "O" Street, Box 48, Lincoln, NE 68510**

\*\*\*\*\* **To be completed by Lincoln Public School staff only** \*\*\*\*\*

Above information verified by staff \_\_\_\_\_  
(Signature) (Title) (Date)

Scholarship Awarded Yes  No  Reason for denial (if applicable) \_\_\_\_\_  
Date of notification \_\_\_\_\_

