

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:

- Reside in Nebraska City zip code, 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

<p>Complete and Mail or Drop Off:</p> <p>Southeast Community College Learning Center at Nebraska City Scholarship Committee 819 Central Avenue Nebraska City, NE 68410</p>	<p>Or Complete, Scan and Email to:</p> <p>cmeyer@southeast.edu</p>
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For more information, please call Cindy Meyer at 402-323-3636 or 800-828-0072, ext. 3636.

Job Enhancement Scholarship Application Form



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Name: _____
First
MI
Last

Phone: _____ Date of Birth: ____/____/____

Email: _____

Address: _____
Street
City
State
Zip

Have you ever taken classes through SCC? Yes No

Are you receiving federal aid for this class? Yes No

Course you are requesting scholarship for: _____

Course Number: _____ - _____ - _____ Course start date: ____/____/____

Course Tuition \$ _____
 Minus 75% - \$ _____
 Balance Due \$ _____

Example Tuition: \$200.00
Minus 75%: - \$150.00
Balance Due: \$50.00

IMPORTANT: Please submit this completed application with your class registration form AND the balance of the tuition as described above. If you are not selected as an award recipient, you will be responsible for the remainder of the tuition or you may drop the class prior to the start date.

Signature _____ Date ____/____/____

Office Use Only
Date received _____ by _____

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 will it make a difference in your career/job?
 - b. How will it have an impact on your current employer/company?
 - c. Could it potentially advance your position or pay (promotion/more hours)?

Question #2 is worth 20 points

- 2) Please explain why you are seeking tuition assistance.



REGISTRATION FORM CREDIT COURSES

PLEASE PRINT CLEARLY

Legal Name: Last		First		Middle		SSC ID Number	
Former Name:		E-mail Address: (required for students on class waitlists)				Social Security Number	
Local / Preferred Mailing Address:		City		State		Zip	
Permanent Address:		City		State		Zip	
Birth Date: / /		I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (select one or more): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Cell Phone:		Home Phone:		Business Phone:		Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No Resident of Nebraska <input type="checkbox"/> Yes <input type="checkbox"/> Non-Resident	
High School Attended / GED*:		City		State		Start Date (mo/year) Graduation Date (mo/year)	
College Attended Post High School:		City		State		Start Date (mo/year) End Date (mo/year)	

✓CHECK ONE:
 Beatrice Campus • Fax 402-228-8935
 Lincoln Campus • Fax 402-437-2402
 Milford Campus • Fax 402-761-2324

TERM

Year: 20_____

Fall Spring Summer

Yes, I am Declared (list program of study)

NEWSPAPER RELEASE

Hometown Newspaper: _____

Address: _____

CREDIT COURSES

Course Number												Course Title	Credit Hours	Begin Time	End Time	Room	Days	LAST DAY to Drop With Refund
E	N	G	L	1	1	2	0	L	N	8	1	ENGLISH BASICS (sample only)	3	8 a.m.	9:20	T-5	T / R	←

Day designations when class meets are:
 M = Monday, T = Tuesday,
 W = Wednesday
 R = Thursday, F = Friday
 S = Saturday, U = Sunday
(T R means class meets Tuesday AND Thursday)

OFFICE USE ONLY

Data Entry _____

Date _____

TOTAL CREDIT HOURS

Student Signature _____ **Date** _____ **Program Director/Advisor Signature** _____

- 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 an official drop;
 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](#).

Equal Opportunity/NonDiscrimination Policy - It is the policy of Southeast Community College to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application 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.

Declaración de política sobre equidad/antidiscriminación - La política pública de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo, edad, estado civil, origen nacional, etnia, condición de veterano, orientación 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.



In-Office Registration Form—Non-Credit Course

Today's Date
____/____/____

PLEASE PRINT

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 Student ID Number	Birth Date	Name: Last		First	Middle Initial
Residence Mailing Address		City	State	Zip	County #
Email Address		Cell Phone	<input type="checkbox"/> Home <input type="checkbox"/> Business Phone		
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African-American	

COURSE NUMBER	TITLE	START DATE	COST
-	-		\$
-	-		\$
-	-		\$
-	-		\$

SIGNATURE _____

Check Cash Mastercard AMEX Discover VISA V Code _____
 Name as it appears on card: _____
 Exp.Date _____ CC # _____
Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)
 For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

Would you like a receipt mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCC Staff Tuition Waiver ()	
TOTAL DUE	

FOR OFFICE USE ONLY
<input type="checkbox"/> Registration by phone
ID# _____
DE _____

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 an official 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, marital 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 jsoto@southeast.edu.