



2021-2022

Lincoln Public Schools (LPS) and Southeast Community College (SCC) have entered a partnership with Union Bank & Trust, Nelnet and the Acklie Charitable Foundation to offer a needs-based scholarship for students to attend Southeast Community College in Beatrice, Lincoln, or Milford. This scholarship, funded by Union Bank, Nelnet and the Acklie Charitable Foundation pays tuition and fees for up to 60 semester credits.

Please print clearly in black or blue ink.

Student Legal Name _____
Home Address _____
Phone (home) _____ (cell) _____
High School _____
Date of Birth _____ Age _____

Student ID Number _____
City, State, Zip _____
Student Email _____
Date of Graduation _____
(actual or projected)

Current Grade: [] Junior [] Senior [] Graduate

How do you plan on using your scholarship?

- Please check one: [] Post-graduation
[] Attending The Career Academy
[] Dual Enrolled at SCC while attending high school

When do you plan to enroll at SCC or begin using your scholarship?

- Please check one: [] Fall 2021 [] Spring 2022 [] Summer 2022 [] Fall 2022 [] Spring 2023

Eligibility Requirements

Applicants Must:

- 1. Be enrolled in a Lincoln Public or Private School at the beginning of their senior year (12th grade) and remain in the district until graduation.
2. Be enrolled in a Lincoln Public or Private School at the beginning of the semester in which you plan to use the scholarship if using it as dual-enrolled or at The Career Academy.
3. Be approved for free or reduced-price meals.
4. Give permission to school personnel to verify eligibility for free or reduced-price meals.
5. Be enrolled at Southeast Community College within one year of high school graduation date.
6. Complete 30 semester credit hours within 24 months of first enrollment at Southeast Community College after graduation. The second year of study (31-60 semester credits) must be completed within 24 months after the completion of the first 30 semester credits.
7. Must not be placed on academic probation and/or have grade point average (GPA) below 2.0 (cumulative), while enrolled at Southeast Community College.
8. 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 will result in the number of credit hours for that course counting towards the allotted 60 credit hours.
9. Acknowledge an understanding of responsibility to pay for any special fees (including books) that are in addition to the tuition and fees.
10. Acknowledge that receipt of this scholarship is a privilege, not a right, and understand that the scholarship may be terminated or revoked at any time, without cause.
11. 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)

*A student who is 18 years old and is not a ward of the state, married or emancipated may sign this application without a parent/guardian signature. A student who is a ward of the state becomes eligible to sign this application without a parent/guardian signature at 19. A student who is married or emancipated may sign this application and consent form without a parent/guardian signature.

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 (11th grade), or enrolled as a student at the school no later than the beginning of their senior year (12th grade) and who is, during that school year, approved 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 the students' 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 the student is eligible for 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.

Please acknowledge and consent by checking both boxes 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, Nelnet, Inc. and the Acklie Charitable Foundation, 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, Nelnet, Inc. and the Acklie Charitable Foundation, 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.

Student's Name: _____ School: _____

*Signature of Student: _____ Date: _____ Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____ Printed Name: _____

Parent Address (if different from student's home 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 _____

*Criteria outlined on the first page of this document has been met by student.