



Application

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.

Student Name _____
Home Address: _____
High School _____

Student Number: _____
City, State, and Zip: _____
Date of Graduation: _____
(actual or projected)

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-priced meals.
3. Give permission to school personnel to verify eligibility for free or reduced-priced meals.
4. Be enrolled at Southeast Community College within one year of graduation date.
5. Complete the 45 quarter credits within 24 months of first enrollment at Southeast Community College after graduation.
6. While enrolled at Southeast Community College, student must not be placed on academic probation and/or have grade point average (GPA) below 2.0 (cumulative).
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 number of credits for that course counting towards the allotted 45 credits.
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 understanding that scholarship may be terminated or revoked at any time, without cause.
10. Fully complete and sign the attached Sharing of Information Form.

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

(Student Signature)

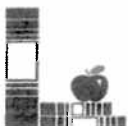
(Initials)

(Printed Name)

(Parent/Guardian Signature)

(Child's Name)

(Printed Name)



SHARING OF INFORMATION FORM

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 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-priced 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 and 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 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 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: _____
Signature of Parent/Guardian: _____
Printed Name: _____
Address: _____

School: _____
Date: _____

***** 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 _____

Please forward the original application to "Learn to Dream", Lincoln Public Schools, 5901 "O" Street, Box 48, Lincoln, NE 68510

