

Lincoln's 2024 First Responder Scholarship Program Application

Purpose:

The Lincoln First Responder Scholarship is designed to provide financial assistance to Emergency Responders and immediate family members who meet the criteria established below and want to enroll in a qualifying program of study at one of the Lincoln Group of Schools* for enrollments between January 1, 2024 through December 31, 2024. By offering the Lincoln First Responder Scholarship to future students who are interested in vocational career training, Lincoln continues to show its commitment to helping students reach their goals as it has done since opening its first school in 1946.

Eligibility Requirements:

In order to apply for the Lincoln First Responder Scholarship, an eligible student must:

- Complete the application process to enroll;
- Provide proof of service documentation;
- Complete the Free Application for Federal Student Aid (FAFSA);
- Enroll in the program of your choice by December 31, 2024; and
- Submit your Lincoln First Responder Scholarship application to the financial aid staff.

Scholarship recipients must attend the Lincoln Financial Literacy presentation within six weeks of enrollment.

Only students that meet the qualifications listed above, and the admissions requirements in order to be considered an enrolled student, and who have demonstrated a financial need, can be awarded this scholarship.

Scholarship Award:

Each eligible student may apply for one First Responder scholarship with an award of \$1,000. The scholarship will be prorated over the entire length of his/her program. A Lincoln designee will make the final decision regarding the award. The total scholarship amount will be calculated and awarded in installments at the completion of each term/semester subject to the student maintaining good academic standings.

Any student can apply for the scholarship. Applications can be submitted any time prior to enrollment periods established by the school of your choice. Winners of the scholarship will be notified in writing by school administration. The notification will include the amount being awarded and start date for the program.

Additional Scholarship Information:

In order to be eligible for the scholarship, a student must enroll between January 1, 2024 and December 31, 2024. Applications must be submitted on or before December 31, 2024. The scholarship will not be awarded to any student who defers their enrollment past the requisite time period. The amount and number of scholarships offered by each campus can vary based on the number of applications. This award is a scholarship and does not require any form of repayment to any of the Lincoln Group of Schools*.

This Scholarship program can be suspended at any time. There would be no adverse impact on those students who were awarded the scholarship in the event that the Scholarship program was suspended.

Students can receive any combined Lincoln Scholarships / Grant not to exceed \$3,000.

- If a student receives any single Lincoln scholarship / Grant exceeding \$3,000, that will be the only scholarship awarded, no other Lincoln Scholarship / Grant can be combined.
- Gap Grants, Pride Grants and Academic Leadership Scholarships are excluded from the \$3,000 cap.

*The Lincoln Group of Schools includes those schools under the names of Lincoln Technical Institute, Lincoln College of Technology, and Euphoria Institute of Beauty Arts and Sciences. All scholarships must be applied for within 15 days of the start (with the exception of the Leadership Scholarships).



Lincoln's 2024 First Responder Scholarship Program Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ H.S. Grad Date: _____

Please list your program(s) of interest:

How did you become interested in the program(s) you listed above?

HIGH SCHOOL INFORMATION:

High School's Name: _____

City: _____ State: _____ Zip: _____

H.S. Phone (____) _____

Have you taken any related classes in High School? _____ Yes _____ No

FIRST RESPONDER EXPERIENCE:

SELECT ONE:

Law Enforcement

Self

Firefighter

Spouse

Emergency Medical Technician

Other Relative

Paramedic

Nurse

SERVICE DETAIL:

Employer/Volunteer Organization: _____

Address: _____

Years of Service: _____ Position/Rank: _____

Please include documentation of your service or your relationship to the first responder related to you.

Signature: _____ Date: _____