

# Lincoln's 2021 First Responder Scholarship Program Application

## **Purpose:**

The Lincoln First Responder Scholarship is designed to provide financial assistance to emergency Responder 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 start dates between January 1, 2021 through December 31, 2021. 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);
- Start the program of your choice by December 31, 2021; 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 \$2,000. The scholarship will be prorated over the entire length of his/her program. The Lincoln First Responder Scholarship Committee made up of faculty and/or staff 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. However, only one Lincoln scholarship can be awarded per student. 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 start between January 1, 2021 and December 31, 2021. Applications must be submitted on or before December 31, 2021. 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 and the decisions made by the committee. 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.

\*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.

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

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:

- |   |   |
|---|---|
| <input type="checkbox"/> Law Enforcement              | <input type="checkbox"/> Self           |
| <input type="checkbox"/> Firefighter                  | <input type="checkbox"/> Spouse         |
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Paramedic                    |   |

## 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.**