LINCOLN TECH[®] 2021 GROUP OF SCHOOLS

Lincoln Technical Institute
Lincoln College of Technology Lincoln Culinary Institute
Euphoria Institute of Beauty Arts & Sciences

Lincoln Tech Friends & Family **Education Grant Request Form**

| NAME: | | |
|---|------------------------------------|-----------------------------------|
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE: (primary) | _PHONE: (secondary) | |
| Students must start their training program by De | ecember 31, 2021 to be e | eligible for this grant. |
| Please list your program(s) of interest: | Please list your car | mpus(es) of interest: |
| | | |
| | | |
| Please provide the name of the Lincoln Tech graduate recommended you and their contact information. | e or employee at the Lincol | In partner company who |
| REFERRING GRADUATE'S NAME: CAMPUS ATTENDED: | | |
| YEAR GRADUATED: | | |
| | | |
| REFERRING EMPLOYEE'S NAME: COMPANY NAME: | | |
| COMPANY NAME: EMPLOYEE'S TITLE: PHONE NUMBER: | | |
| PLEASE EMAIL THIS FRIENDS & FAMILY EDUCATIO | | ATO: scholarshins@lincolatoch.odu |
| PLEASE EMAIL THIS FRIENDS & FAMILT EDUCATION | N GRANT REQUEST FURN | |
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