

Lincoln Culinary Institute ■ Euphoria Institute of Beauty Arts & Sciences

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

ADDRESS:		
CITY:	STATE:ZIP:	
PHONE: (primary)	PHONE: (secondary)	
Students must start their training program by	December 31, 2024 to be eligible for this grant.	
Please list your program(s) of interest:	Please list your campus(es) of interest:	
	uate <b>or</b> employee at the Lincoln partner company who	
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ecommended you and their contact information.  EFERRING GRADUATE'S NAME:		
ecommended you and their contact information.  EFERRING GRADUATE'S NAME:  EAMPUS ATTENDED:		
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EFERRING GRADUATE'S NAME:  EAMPUS ATTENDED: EAR GRADUATED: HONE NUMBER: EFERRING EMPLOYEE'S NAME:		
Please provide the name of the Lincoln Tech gradule ecommended you and their contact information.  REFERRING GRADUATE'S NAME:  CAMPUS ATTENDED:  PHONE REFERRING EMPLOYEE'S NAME:  COMPANY NAME:  EMPLOYEE'S TITLE:		

PLEASE EMAIL THIS FRIENDS & FAMILY EDUCATION GRANT REQUEST FORM TO: scholarships@lincoIntech.edu

Additionally, applicant must complete the application process to enroll; complete the Free Application for Federal Student Aid (FAFSA)

Each eligible student may apply for one grant with an award of \$1,000. The grant will be prorated over the entire length of his/her program. Applications can be submitted any time prior to enrollment periods established by the school of your choice. The grant will not be awarded to any student who defers their enrollment past the requisite time period.