

You may be eligible for a Scholarship to cover your educational expenses, such as tuition, books, and laptop, and for childcare or transportation expenses to enable you to attend class as part of the City of Lincoln ARPA Scholarship. This scholarship was created to serve the community by administering a job retraining program serving participants who were unemployed, underemployed, or otherwise disproportionately impacted due to the COVID-19 pandemic.

Please note that if you receive a City of Lincoln ARPA Scholarship, you will be asked to provide personal information concerning demographics, employment, income, and address as part of the City of Lincoln Workforce Development program evaluation. To maintain confidentiality, identifiable information will not be shared or used for purposes other than the City of Lincoln Workforce program evaluation process. Any personal information collected will be securely kept, de-identified, and only used in the aggregate for any evaluation report or presentation that uses the information.

To learn more, please visit: <https://www.southeast.edu/paying-for-scc/scholarships/arpa-scholarship>

I. APPLICANT INFORMATION

Name: _____ Birth Date: _____
FIRST LAST M.I.

Address: _____
STREET ADDRESS APT/UNIT # CITY STATE ZIP CODE

Phone: _____ Email: _____

II. SCHOLARSHIP INTEREST

What training or educational program are you interested in attending?

Please describe why this scholarship is needed and indicate any other resources that you have sought to assist with this need.

Please describe any other challenges or barriers to achieving your education goals.

III. EDUCATION

Do you have a high school diploma?

Yes No

Please list any additional education, training, or certifications you have received:

You must be able to answer 'yes' to all questions in Section IV and at least one of the questions in Section V to be eligible for this scholarship.

IV. ELIGIBILITY

- Do you want and are you available to work? Yes No
- Are you eligible to work in the United States? Yes No
- Do you live or work in Lincoln? Yes No
- Do you live or work in Lancaster County? Yes No

V. ADVERSE ECONOMIC IMPACT FROM COVID-19

- Are you unemployed, and/or have you looked for work in the past 12 months? Yes No
- Are you employed part-time but want to be employed full-time? Yes No
- Are you employed but seeking a position with greater opportunities for economic advancement? Yes No
- Are you an immigrant or refugee in the United States? Yes No
- Are you or someone in your household receiving services provided by a Tribal government or territory of the United States? Yes No
- Do you or someone in your household qualify for any of the following Federal assistance programs: Yes* No

**IF YES – CHECK ALL THAT APPLY TO YOUR HOUSEHOLD:*

- | | |
|--|---|
| <input type="checkbox"/> Children’s Health Insurance Program | <input type="checkbox"/> Medicare Part D Low-income Subsidies |
| <input type="checkbox"/> Subsidies through the Child Care and Development Fund Program | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Households that qualify for Temporary Assistance for Needy Families | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Households that qualify for the Supplemental Nutrition Assistance Program | <input type="checkbox"/> The Special Supplemental Nutrition Program for Women, Infants, and Children Section 8 Vouchers |
| <input type="checkbox"/> Households that qualify for Free and Reduced-Price School Lunch and/or Breakfast programs | <input type="checkbox"/> The Low-Income Home Energy Assistance Program |

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____