

THE CITY OF LINCOLN ARPA SCHOLARSHIP

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 process. Any personal information collected will be securely stored and used only for the purpose of the program evaluation process.

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 scholarships or awards 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
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		