



## Northeast Family Center Scholarship Application

**PLEASE READ FIRST:** Financial assistance is available through the Northeast Family Center and is awarded based on the applicant's demonstrated ability to pay and the NFC's ability to fund the amount requested. NFC scholarship assistance is granted on a sliding fee scale and applicants are expected to pay a fee based on financial ability. If program fees are not paid by the due date, the participant will be suspended from the program and not allowed to re-enroll until back payments are received. A new scholarship form must be completed each year, and it is the participant's responsibility to inform the NFC of any change in income during the time the participants is receiving scholarship assistance. If a family so chooses they may enroll in a program prior to the scholarship process by paying the regular program rate, or they may wait until the scholarship is processed to receive any discount they may qualify for; scholarships will not be back-dated.

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_

What program do you wish to apply for a scholarship for? \_\_\_\_\_

Which family member(s) will be requesting scholarship? \_\_\_\_\_

**PLEASE COMPLETE EITHER SECTION 1 OR SECTION 2.**  
**SECTION 1:**

**Complete this section if any of your children receive free or reduced lunch through Lincoln Public Schools.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for the Northeast Family Center to verify with Lincoln Public Schools my child's eligibility in the free and reduced food program. I understand that this information is confidential and will be used solely for the purpose of processing my scholarship application.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Completed applications will be reviewed as soon as possible in conjunction with Lincoln Public Schools. Applicants will receive notification by phone if you have qualified or if more financial verification is required. The NFC reserves the right to verify all financial information.

**I certify that all of the above information is true and complete to the best of my knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_



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**SECTION 2:**

**Family/Household information:**

(Up to 2 Adults living in the same household + all dependant children)

1. _____	Bdate _____	M/F _____	6. _____	Bdate _____	M/F _____
2. _____	Bdate _____	M/F _____	7. _____	Bdate _____	M/F _____
3. _____	Bdate _____	M/F _____	8. _____	Bdate _____	M/F _____
4. _____	Bdate _____	M/F _____	9. _____	Bdate _____	M/F _____
5. _____	Bdate _____	M/F _____	10. _____	Bdate _____	M/F _____

**Household Income**

**(Gross monthly income for household)**

	1st Adult	2nd Adult
Salary/Wages	_____	_____
Child Support	_____	_____
ADC	_____	_____
Alimony	_____	_____
State/Federal Aid	_____	_____
Food Stamps	_____	_____
Unemployment	_____	_____
Retirement Income	_____	_____
Housing Assistance	_____	_____
Student Loans	_____	_____
Other	_____	_____

**Please submit all of the financial verification that applies to you:**

- Federal Income Tax return 1040  
(W-2's are not accepted as income verification)
- Two Current Paycheck stubs
- Unemployment
- Food stamps
- ADC
- Disability Statement
- Alimony
- Student Loans
- Housing assistance
- Retirement/IRA/Pensions/Social Security

All applications are strictly confidential. All applications are reviewed based on total gross family/household income. Completed applications, including required documentation, will be reviewed as soon as possible. Applicants will receive notification by phone if you have qualified or if more financial verification is required. The NFC reserves the right to verify all financial information.

**I certify that all of the above information is true and complete to the best of my knowledge.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_