

Wahoo High School/SCC: Learn to Dream Scholarship Application

Wahoo Public High School and Southeast Community College (SCC) have entered a partnership with private local donors to offer a needs-based scholarship for students to attend Southeast Community College in Beatrice, Lincoln or Milford. This scholarship pays tuition and fees for up to 30 semester credits.

Student Name _____ Graduating Class of _____

Student Address _____

_____ Student Phone _____
City State Zip

Campus attending _____ Parent/Guardian Name _____

Eligibility Requirements:

Please initial after each eligibility requirement indicating that you have read and understand these requirements.

Applicants:

1. Must be enrolled in a Wahoo Public High School at the beginning of his/her senior year (12th grade) and remain in the district until graduation. _____
2. Must be eligible for free or reduced priced meals. _____
3. Must give permission to school personnel to verify eligibility for free or reduced-priced meals. _____
4. Must enroll at Southeast Community College within one year of graduation date. _____
5. Must complete the 30 semester credits within 24 months of first enrollment at Southeast Community College after graduation date. _____
6. Must NOT be placed on academic probation and/or have cumulative grade point average (GPA) below 2.0 while enrolled at Southeast Community College. _____
7. Must acknowledge understanding that failure to earn credits in a course because of illness, not attending class or for any other reason after the drop date to receive a full refund, will result in the number of credits for that course counting towards the allotted 30 credits. _____
8. Must acknowledge understanding of responsibility for any special fees that are in addition to the tuition and fees. _____
9. Must acknowledge that receipt of scholarship is a privilege not a right and understanding that scholarship may be terminated or revoked at any time, without cause. _____
10. Must fully compete and sign the Sharing of Information Form (on back). _____

I have read, and understand and agree with all of the eligibility and scholarship program conditions and requirements.

Student Signature

Initials

Student Printed Name

Parent/Guardian Signature

Child's Name

Parent/Guardian Printed Name

Please return the original application to the Wahoo Public HS Counselor Office by March 15th

Wahoo High School & SCC: Learn to Dream Scholarship *Sharing of Information Form*

Dear Parent/Guardian and Student Applicant:

The Scholarship Program you have applied for applies to “Eligible Students” defined in the Scholarship Program agreement as follows:

“Eligible Student” Defined. For purposes of this Agreement, an Eligible Student means a person who is enrolled as a student at Wahoo Public High School no later than the beginning of his/her senior year (12th grade) and who is, during that school year, eligible for free or reduced-price lunches under United States Department of Agriculture child nutrition programs. A student who meets the criteria for free or reduced-priced lunches, shall be deemed and “Eligible Student” whether or not the student actually takes advantage of such a program. A student who leaves Wahoo Public High School prior to graduation shall not be eligible to participate in the program described in this Agreement.”

The Agreement required Wahoo Public High School to certify your child’s eligibility and in order to do so we must have permission to share your Free and Reduced Priced School Meals information and your eligibility status for free or reduced-priced lunches under the United States Department of Agriculture child nutrition programs with all Scholarship Program partners or their affiliates and personnel. It is therefore necessary that you: A) Complete this form granting such permission if Wahoo Public High School already has a *Free and Reduced Price School Meals Application*, or B) Complete all necessary *Free and Reduced Price School Meals Application* forms and complete this form granting such permission. This form must accompany all applications for the Scholarship Program and will not change whether your child gets free or reduced price meals.

In addition, the Scholarship Program agreement requires that Wahoo Public High School and Southeast Community College periodically share with and provide to each other and all Scholarship Program partners and their affiliates, student grades and other personally identifiable information to assist them in administering and evaluating the program. It is therefore also necessary that you complete the Family Educational Rights and Privacy Act (FERPA) consent below.

- Yes! I DO** consent, grant permission, and want Wahoo Public High School and its school officials to share all necessary information from my *Free and Reduced Price School Meals Application* or documents in regard to the Scholarship Program with 1) all School District personnel; 2) SCC and all of its personnel; 3) SCC Educational Foundation and all of its personnel; 4) Wahoo Public Schools Learn to Dream Scholarship Program Partners, or their affiliates, and all of their personnel; and, 5) any other individuals, companies or partners and their personnel who are named in or signatories, to the Scholarship Program agreement.

- Yes! I DO** consent, grant permission, under FERPA and want Wahoo Public High School and its school officials and SCC and all its school officials to share personally identifiable information from the below named child’s student’s education records with each other, (1) the SCC Educational Foundation and all of its personnel; (2) Wahoo Public Schools Learn to Dream Scholarship Program Partners or their affiliates, and all of their personnel; and, (3) any other individuals, companies or partners and their personnel who are named in or signatories, to the Scholarship Program agreement.

If you checked yes to the boxes above, also fill out and sign the form below. Your Information will be shared only with the programs and/or entities and individuals you checked.

Child’s Name _____ Wahoo Public High School

Child’s Signature _____

Signature of Parent/Guardian _____ Date _____

Parent Printed Name _____

Parent Address _____

_____ Parent Phone _____

City State Zip

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