



LIFE

Lincoln Foundation for Education

Current Student - Scholarship Application

Name: _____ Age: _____

Address: _____ City, State: _____ Zip _____

Phone/Cell: _____ Email: _____

H.S. Name _____ H.S. Grad Date: _____

Lincoln Campus: _____ Program: _____ Start Date: _____ Expected Grad Date: _____

Documentation required when submitting application and verified with signature of Lincoln Tech instructor or representative:

	Check / Attached
1. Current GPA	
2. Student Status: Active	
3. Financial need	

Applicant Essays: (use space below and/or attach additional page(s) if necessary to this application)

What are your future plans once you have completed your training at Lincoln Tech?

Explain why you are the best candidate for this LIFE Scholarship.

I certify that all the information contained in this application and supporting documentation are true and accurate.

Applicant's Signature

Print name

I have verified the required documentation for this application as listed above and certify this student's application.

Signature of Lincoln Tech Representative

Date



LiFE

Lincoln Foundation for Education

14 Sylvan Way, Suite A • Parsippany, New Jersey 07054

FOUNDATION OFFICE

TEL: 973-736-9340

FAX: 973-325-0658

Acknowledgement, Authorization and Release Form: Individuals

I hereby authorize the Lincoln Foundation for Education (“LiFE”) to utilize my name, photograph and/or my spoken, written or video testimony about LiFE for the purpose of illustration, publication and advertising within LiFE’s promotional pieces, which include, but are not limited to, brochures, videos, direct mail pieces, promotional material and email marketing, LiFE’s websites, social media, and/or for promotional use in general. I also acknowledge and confirm that any and all statements that I made were completely voluntary, and all comments offered were my own and not those of LiFE.

I agree to hold LiFE harmless for any and all causes of action that may arise out of the usage of my photograph and/or any portion of my spoken, written or video testimony, and I hereby waive, release and relinquish any claim, action, cause of action or right, known or unknown, created by or arising under this authorization or out of usage of the aforementioned photograph and/or spoken, written and/or video testimony.

Signature: _____

Date: _____

Name (*Print*): _____

Email address: _____

Place of Employment (if applicable): _____

Employer (if applicable) or Home Address: _____

Home/Cell Phone: _____

Witness

Signature: _____

Date: _____

Name (*Print*): _____