



**The LiFE Scholarship offers two options for completion:
you can either edit it directly or download and fill it out manually.
Once completed, please submit it via email or to your
Financial Aid Advisor.**



LiFE

Lincoln Foundation for Education

Prospective Student - Scholarship Application

Name: _____ Age: _____

Address: _____ City, State: _____ Zip: _____

Phone/Cell: _____ Email: _____

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

Lincoln Campus (if known): _____ Program of interest: _____

Applicant Essays: (use space below or attach an additional page, if necessary to this application)

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

In written form, please explain why you feel you are the best candidate for the LiFE Scholarship? (Attach additional pages, if applicable to this application.)

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

Signature

Print name

Note: Scholarships may be used for tuition, fees, books & tools.



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*): _____