Access College Early Scholarship • Student Application

PLEASE PRINT LEGIBLY • ALL APPLICATIONS MUST BE TYPED OR COMPLETED IN BLACK INK

First | Last | Birth Date* (MM/DD/YYYY)

Home Address/City/Zip | GPA (A=4.0)*

High School/City | Year in High School (9, 10, 11 or 12)*

Student/Parent/Guardian E-mail (if available) | Attending College/University

Race/Ethnicity (optional; check one box only):

□ White, non-Hispanic □ Black, non-Hispanic □ Hispanic
□ Asian/Pacific Islander □ Native American □ Two or more races

** For research purposes only. This information will not be used to determine your eligibility for the ACE Scholarship.*

I certify that I am qualified for a scholarship under the Access College Early Act based on myself or my parent(s)/guardian(s) qualifying for at least one of the following federal benefit programs or an extreme hardship:

□ Supplemental Security Income (SSI) □ Temporary Assistance for Needy Families (TANF) □ Food Stamps
□ Special Supplemental Nutrition Program (WIC) □ Free or Reduced Price Lunches □ Other Extreme Hardship

(Documentation verifying above information **required**.)

I certify that the above information is accurate and correct. I acknowledge that this scholarship will only apply to tuition and mandatory fees at the college and that the scholarship will pay the tuition and mandatory fee balance after other grants/scholarships are applied as required in the Act. I certify that I intend to graduate from a Nebraska high school and that I intend to maintain Nebraska residency upon graduation. I authorize the attending college/university listed above to release my tuition and fees statement and grades to the Coordinating Commission for Postsecondary Education upon request. This authorization is good for one year from the date of this form.

Student Signature | Date

I, the parent/guardian of the above named student, verify that the above information is correct. I authorize the high school listed above or the federal agency that administers a benefit program listed above to release documentation confirming eligibility for the benefit program checked above. I authorize the attending college/university listed above to release my child's tuition and fees statement and grades to the Coordinating Commission for Postsecondary Education when requested.

Parent / Guardian Signature | Date

Parent / Guardian Name (Please Print) | Phone Number

I, a counselor at the high school named above, verify, to the best of my knowledge, that the above named student or the student's parent(s)/guardian(s) do qualify for the federal benefit program or has experienced an extreme hardship as indicated above.

Advisor Signature | Date | Email Address

(Please return this form via mail to: *J. Ritchie Morrow • Financial Aid Coordinator • CCPE, PO Box 95005 • Lincoln, NE 68509-5005 • E-mail: Ritchie.Morrow@Nebraska.gov • or fax to 402-471-2886.****)***

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: _____ and I have provided a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

_____ _____

Print Name (First, Middle, Last) Date

_____

Signature