

## Door-to-College (DTC) Scholarship Student Application

First Name					
Last Name					
Social Security Number	US Citizen or Qualified Alien*				
Home Mailing Address					
City	State		Zip		
Phone #	Previous DTC Scholarship Recipient				
Graduated or Will Graduate from what High School	Graduation Date				
Name of Attending College or University				Year of Enrollment	
Intended Major					
Intended Degree or Certificate	Anticipated College Graduation Date				

I affirm that by applying for a Door to College Scholarship Program award I am agreeing to the following requirements. I understand that if I receive an award, my award may be terminated if I fail to meet the requirements. \*If I am a Qualified Alien, I will submit a copy of my current USCIS documentation with this application.

- 1. File a Free Application for Federal Student Aid.
- 2. Authorize the Nebraska Department of Health and Human Services to verify for the Commission my name and previous status at a YRTC.
- 3. Attend all required courses regularly.
- 4. Meet with an assigned advisor at regular intervals to discuss academic progress and to develop a job-search plan.
- 5. Maintain good academic standing at my institution without any disciplinary action by the institution.
- 6. Use the award only for eligible education expenses, meaning tuition, mandatory fees, other education-related fees, room and board, books, and other costs related to my education.
- 7. In case of withdrawal, remit any award balance allowable under my institution's withdrawal policy back to my institution.
- **8.** Authorize my institution to release to the Commission educational records necessary to demonstrate compliance with the requirements of the Door to College Scholarship Act, including federal financial aid eligibility, enrollment status, credit hours attempted and completed, cumulative credit hours, and graduation status.

Student Signature (may sign electronically)	Date	

## For Postsecondary Institution Use Only

Applican	t information conf	irmed			
Enrollme	ent status confirme	ed			
SAP met	for continuing ap	plicants confirmed _			
Recomm	nended award:				
	Annual Basis	Enrolled Hours	Semester Award	Quarter Award	1
	\$5,000	12 or more	\$2,500	\$1,666.66	1
	\$4,500	11	\$2,250	\$1,500.00	1
	\$4,000	9 or 10	\$2,000	\$1,333.33	]
	\$3,500	8	\$1,750	\$1,166.66	1
	\$3,000	6 or 7	\$1,500	\$1,000.00	
					available appropriations, ailable appropriation.
FAA Signature (may sign electronically)			Date	<del></del>	