



Peter Kiewit Scholarship Release of Information

I hereby authorize Northeast Community College to release my full name, email address, demonstrated amount of unmet need, as determined by the Free Application for Federal Student Aid, and major and type of degree/diploma, or certificate being pursued to the Peter Kiewit Foundation for the sole purpose of receiving a Peter Kiewit Scholarship.

_____ Printed Name

_____ Signature

_____ Student ID Number

_____ Date