

Low-Income Matching Scholarship Program Application Non-Taxable Income Form for 2024 Return this Form to: Overnight Mail:

NEST Matching Scholarship P.O. Box 83529 Lincoln, NE 68501-3529 NEST Matching Scholarship 1248 O Street, Suite 200 Lincoln, NE 68508

If you have questions, please call us at **888.993.3746,** Monday–Friday, 7 a.m. to 7 p.m. (CT).

Complete this form if an income-earning member of a beneficiary's household was not required to file a 2023 federal tax return	١.
Return this completed form to the Program Manager along with your Application by December 31, 2024.	

Applicant Information		
Name:		
Beneficiary Household Info List each member of a beneficiary's the NEST Low-Income Matching Schattach a separate page.	nousehold, including the beneficiary o	r beneficiaries listed in your Application. See n of "household." If you need more space,
Full Name	Current Age	
Household Income Combine all sources of income for e federal tax return and list the totals k	ach household member who received pelow.	income in 2023 but was not required to file a
2023 Income Sources		
Employment:		
Welfare:		
Child Support:		
Alimony (non-taxable):		

Social Security (non-taxable):

Other (specify):

Other (specify):

4.

Signature

By signing below, I certify under penalties of perjury that:

I understand I may be asked to submit additional documentation to the Program Manager to support the information contained in this Non-Taxable Income Form. Failing to timely provide sufficient documentation may result in the denial of my Application.

All the information in this Non-Taxable Income Form, as well as any supporting documentation, is true, correct and complete.

	Signature and Date Required				
X					
	Signature of Applicant	Date			
	Print Name Here				



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.