

UNIVERSITY PARTNERSHIP ACADEMIC SCHOLARSHIP

at Lorain County Community College
Fall and Spring Academic Year 2010-2011

The Lorain County Community College Foundation, through the generous support of private donations, has made scholarship dollars available to University Partnership students. The intent of the University Partnership Academic Scholarship (UPAS) is to reward academic excellence thereby enabling more students to further their educational pursuits through the University Partnership. Scholarship awards vary based on the academic excellence, hours enrolled and unusual circumstances documented on the application.

APPLICANT AND RECIPIENT CRITERIA

- Be enrolled in a minimum of one course for Fall Quarter or Fall Semester with a University Partner on LCCC's campus;
- Possess a minimum 3.25 grade point average with the most recent College or University attended;
- Be a U.S. Citizen or an eligible non-citizen as defined by the U.S. Department of Education;
- Submit completed scholarship application along with required documentation for consideration.

RETURN TO LCCC FINANCIAL SERVICES CENTER, LC 157 BY: MAY 31, 2010

APPLICATION REQUIREMENTS CHECKLIST

- Complete & return attached UPAS application by MAY 31, 2010 to LCCC Financial Services Center (LC157).
- Submit an unofficial transcript from your University Partner along with your completed UPAS application.
- Submit a schedule or documentation of registration and charges from your University Partner along with the completed UPAS application.

The Lorain County Community College Scholarship Selection Committee will review all completed applications meeting the established eligibility requirements. **Applications received without required documentation (listed above) will not be considered.** Selection will be based on academic excellence and information provided on the scholarship application on a funds available basis

**Return your completed UPAS application to:
Lorain County Community College
Financial Services Center, LC157
1005 Abbe Road North
Elyria, OH 44035**

Application Due Date: May 31, 2010



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First Name Last Name Social Security Number

Home Address (Street, Apartment Number) City County State, Zip

Phone Number E-mail address (if available)

Name of University Partner University Partner Degree

Unusual circumstances or expenses (i.e., physical, financial, etc.)

List any special recognition you've received for outstanding school work (honors, prizes, scholarships) or list extra-curricular activities or volunteerism you participate in:

What are your educational goals and what do you expect to accomplish as a result of this scholarship?

Do you receive educational benefits or reimbursements from your employer? ? Yes [] No []

If yes, please list amount and details:

What other financial aid (i.e., scholarships, grants, loans) have you applied for and/or received? Please list name, amount, and date applied.

Name of Aid Date Applied \$ Amount

Name of Aid Date Applied \$ Amount

All information on this form is true to the best of my knowledge, Falsification of any information will result in cancellation of my scholarship. I give LCCC permission to release information about me to the LCCC Foundation and the funding organization.

Signature Date