

Hawke-Turner Scholarship Spring 2012

Lorain County Community College is proud to announce the availability of the **HAWKE-TURNER SCHOLARSHIP** to be awarded Fall and Spring semesters. This award is intended for Lorain County Community College students who come from a military family, is currently in the military or has formerly been in the military.

To apply, complete this application by December 1, 2011 for Spring semester. If the due date falls on a weekend, then it is due the first business day.

Return your completed application to:

**FINANCIAL SERVICES CENTER, LC157
LORAIN COUNTY COMMUNITY COLLEGE
1005 N ABBE ROAD, ELYRIA, OHIO 44035**

Questions: Please call 440-365-5222 or 1-800-995-5222

Scholarship Sponsored by:

HAWKE-TURNER SCHOLARSHIP

First Name _____ Middle Initial _____ Last Name _____ LCCC Student Number _____

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

Home Phone Number _____ E-mail address (if available) _____

Number of College Credits Earned: _____ Major: _____

Are you an honorably discharged United States Veteran? Yes No

If yes, please describe your service experience (military branch, time, etc.). _____

Name of high school
From which you graduated: _____ Year: _____ High School GPA: _____

Provide a brief profile of yourself, including your educational goals:

List community service activities, **particularly your involvement with veterans' groups or organizations**, and any special recognition or awards you've received:

How are you funding your college education? Please reference other scholarships or aid you are receiving.

Please attach a 250 word essay on how you or your parent(s) have benefited from military service?

I certify that I have truthfully completed all of the information required of this award. All information on this form is true and correct to the best of my knowledge. I give permission to LCCC to release information about my financial aid and academic record to the LCCC Foundation Office and the Scholarship Committee. In addition, I understand that if I am selected as a recipient of this award, I may be asked to participate in recognition or appreciation activities of the LCCC Foundation to help ensure continued support of the LCCC Foundation Scholarship Program.

Signature _____

Date _____