



Announces the

THE LCCC ABLE/GED SCHOLARSHIP FALL SEMESTER 2012-2013

OVERVIEW

The purpose of the LCCC ABLE/GED Scholarship is to encourage GED recipients who participate in Lorain County's ABLE programs to continue their education by enrolling at Lorain County Community College soon after successfully passing the GED test.

APPLICANT AND RECIPIENT CRITERIA

Successful applicants must fully complete the application by the deadline date and meeting the following criteria:

- Must be a current recipient of a GED Diploma through one of Lorain County's GED programs including Lorain, Elyria, JVS, Family Learning Center, etc.
- Must enroll at LCCC within 18 months from the date of receiving the GED.
- Must enroll in no less than three (3) credit hours per semester.
- Must maintain a minimum GPA of 2.5 in order to maintain scholarship funding.

Scholarship Sponsored by:



This scholarship is made possible through the generosity of donors to the LCCC Foundation Scholarship Program. The LCCC Foundation supports Lorain County Community College by making possible scholarships and other program and technology enhancements that otherwise would not be possible. Individuals, businesses and organizations give generously to ensure scholarships are available to help needing and deserving students receive a college education at LCCC or its University Partnership. Their support is greatly appreciated.



THE LCCC ABLE/GED SCHOLARSHIP
Fall Semester 2012-2013

First Name Middle Initial Last Name Student Number

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

Home Phone Number E-mail address (if available)

Which ABLE Program did you participate in? ___ Lorain ___ Elyria ___ JVS

When did you complete the ABLE program? _____

Date of receiving GED _____

What was your overall average score on the GED test? _____

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

What led you to obtain your GED?

Have you applied for additional financial aid, such as FAFSA, Ohio Instructional Grant, other scholarships? ___ Yes ___ No
If no, please consider visiting the College's website at www.lorainccc.edu/financialaid for additional information on available scholarships and grants that may be able to help you with the cost of your college education.

I certify that I have truthfully completed all of the information required for receipt 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 Selection 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 _____

RETURN APPLICATION TO LORAIN COUNTY COMMUNITY COLLEGE
FINANCIAL SERVICES CENTER, LR146

Application Deadline is May 31, 2012