

ROSEANN KAMINSKY NURSING SCHOLARSHIP

Through Lorain County Community College and the University Partnership with the University of Akron

APPLICANT AND RECIPIENT CRITERIA

- Graduate of the Lorain County Community College ADN program;
- Be pursuing either the RN to BSN or RN to MSN nursing programs through The University of Akron's University Partnership with LCCC.
- Preference will be given to those students with a 3.0 GPA or better

RETURN TO LCCC FINANCIAL SERVICES CENTER, LC157 BY: MAY 31, 2012

OVERVIEW

Professor Kaminsky has been on the ADN nursing faculty at Lorain County Community College for over twenty years. She desires to leave a legacy for future nursing students through this 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: _____
---	--------------

Year graduated from LCCC's ADN Program: _____	College GPA: _____
---	--------------------

What are your goals in nursing that a BSN and/or MSN would help you achieve?

What work experience do you have as a nurse? Any community experience?

Why did you choose the nursing profession as a career?

Describe any unusual circumstances or expenses:

What other financial aid have you applied for and received? Please list name, amount, and date applied.

_____	_____	\$ _____
Name of Aid	Date Applied	Amount

_____	_____	\$ _____
Name of Aid	Date Applied	Amount

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 Scholarship 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

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.