LORAIN COUNTY COMMUNITY COLLEGE
TRUSTEE & PRESIDENTIAL SCHOLARSHIP APPLICATION
FOR CURRENT HOME SCHOOLED OR NON-CHARTERED HIGH SCHOOL GRADUATES

Name _____
First Last

Soc. Sec. No. _____ Phone Number: (____) _____

Student's Address _____
Street City County State Zip

Name of High School or Home School Association _____

High School or Assoc. Address _____
Street City County State Zip

Contact Person _____ Phone number: (____) _____

Graduation Date: _____

I am requesting funding from the LCCC Presidential or Trustee Scholarship fund. I certify that:

1. I am a Lorain County resident,
2. I am a current high school graduate or equivalent.
3. I understand that the LCCC Presidential Scholarship will be awarded to students who possess an ACT composite score of 24 - 25 or an SAT score of 1650-1759.
4. I understand that the Trustee Scholarship will be awarded to students who possess a minimum ACT composite score of 26 or a minimum SAT score of 1760.

Falsification of information on this application may nullify my award. I give LCCC permission to release information about me to the LCCC Foundation and/or scholarship donor.

_____ _____
Student's Signature Date

Please forward an official copy of your ACT or SAT scores to the LCCC Financial Aid Office, a record or transcript of your completed high school coursework along with the completed application to:

LCCC Financial Services, LC 146 , 1005 Abbe Road North, Elyria, OH 44035

LCCC Office Use Only

Type of Scholarship Awarded: ☐ Presidential ☐ Trustee

Scholarship approved by _____ Date _____