

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

Please attach a 250-word essay on "Why You Have Selected Nursing As a Career Choice."

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

RETURN APPLICATION (including 250-word essay) BY **MAY 31, 2012** TO:

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