

THE JAKE AND GEN RN MEMORIAL NURSING SCHOLARSHIP

at Lorain County Community College

APPLICANT AND RECIPIENT CRITERIA

- Be a high school graduate;
- Be enrolled at least half time at LCCC or its University Partnership;
- Demonstrate unmet financial need;
- Pursuing a Nursing Degree through LCCC and/or its University Partnership Program
- Preference will be given to graduates of Marion L. Steele High School, Amherst Schools

RETURN TO LCCC FINANCIAL SERVICES CENTER, LC157 BY: MAY 31, 2010

OVERVIEW

Lorain County Community College announces the availability of **THE JAKE AND GEN RN MEMORIAL NURSING SCHOLARSHIP**. The scholarship will be awarded to a needing and deserving student attending Lorain County Community College during the 2010-2011 academic year, pursuing a nursing degree. The scholarship may be used for tuition, fees, books and supplies. The recipient must demonstrate unmet need after grants and other awards.

First Name	Middle Initial	Last Name	LCCC Student Number
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Home Address (Street, Apartment Number)	City, State Zip
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Home Phone Number	E-mail address (if available)
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Number of College Credits Earned: _____	Major: _____
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Name of high school From which you graduated: _____	Year: _____	High School GPA: _____
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Provide a brief profile of yourself, including your educational goals:

Please list your interest/involvement in the community:

Other volunteer, community service, extra curricular activities you are involved with:

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, 2010** TO:

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