

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 "How will your career in nursing make a difference to yourself and others?"

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**

ABOUT TARA REDMOND

It is hard to sum up Tara's life in a paragraph. Some of Tara's best traits began at a young age and her contagious smile was appreciated by all. She was strong-willed, yet considerate of others. Tara had a big heart and her love for animals was no less than her love for people. She loved sports and competition on every level. Taking care of and protecting her family and her friends always came first. Tara wanted to make a difference in life and her desire to be successful led her to a career in Nursing.

It is with great pride that Tara gives this scholarship to a student sharing similar dreams.

