



*Supporting the Mission & Vision
of Lorain County Community College*

**LORAIN COUNTY COMMUNITY COLLEGE
ANNOUNCES THE
2020-2021**

Betterway Foundation Scholarship

*This award is sponsored by the Betterway Foundation/Tom Meehan Endowed
Scholarship Fund*

The Lorain County Community College Betterway Foundation Scholarship is a privately funded award, intended to help individuals who demonstrate some promise for learning and possess one or more of the following characteristics: troubled background, involved with the justice system, involved with Alcoholics Anonymous or similar organizations which offer self-help programs.

To be considered for the Betterway Foundation Scholarship, the applicant must meet the following criteria:

- ◆ Applicant must possess one or more of the following characteristics as documented on the application: troubled background, involved with the justice system, involved with Alcoholics Anonymous or similar organizations which offer self-help programs.
- ◆ Be enrolled for courses at Lorain County Community College during the time of application.

The amount of the award varies per student and can be used to help pay for tuition, books, and other educational expenses including child care and transportation.

To apply for this award, please complete the application on the reverse.

Return your completed application to:

**Financial Services Center, LC 146
Lorain County Community College
1005 Abbe Road North, Elyria, OH 44035**

Application Deadline is June 30, 2020

**2020-2021 APPLICATION
BETTERWAY FOUNDATION SCHOLARSHIP**

Name: _____ Student No. _____

Social Security No.: _____ Telephone Number: _____

Address: _____
Street City County State Zip

No. of courses you plan to take each semester? _____ LCCC Major: _____

Why do you need this award? _____

What is the amount you are applying for? _____

Occupation: _____ No. of hours you work per week: _____

Source(s) of Taxable Income: _____

Source(s) of Non Taxable Income: (child support, welfare, social security, etc.): _____

Unusual circumstances or expenses: _____

What challenges have you dealt with in your life and how (i.e., troubled background, involved with the justice system, involved with AA or similar organizations which offer self-help programs)? _____

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 me to the LCCC Foundation Office, Scholarship Committee and donors.

Signature Date