

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

## Myrtle E. Buxton Scholarship Fall Semester 2020

Lorain County Community College is proud to announce the availability of the Myrtle E. Buxton Scholarship. This award is intended to support Lorain County Community College/University Partnership students. Preference will be given to those who meet the following criteria:

- **Students must be in their second year or beyond in the Allied Health and Nursing Division**
- **Lorain County Resident**
- **Have G.P.A of 2.5 or better**
- **Renewable for up to three years**

**University Partnership Students:** You must attach your most recent transcripts and proof of enrollment in the UP Institution for the semester of the scholarship. LCCC students' status can be accessed by LCCC's Financial Services; therefore, they are exempt of having to show proof of enrollment and transcripts.

**To apply, complete this application by June 30, 2020**

**Return your completed application to:**

**FINANCIAL SERVICES CENTER, LC146  
LORAIN COUNTY COMMUNITY COLLEGE  
1005 N ABBE ROAD, ELYRIA, OHIO 44035**

**Questions: Please call 440-365-5222 or 1-800-995-5222**

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**Please complete the following:**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      LCCC Student Number/UP School

\_\_\_\_\_  
Home Address (Street, Apartment Number)                      City, State Zip

\_\_\_\_\_  
Home/Cell Phone Number                      E-mail address (if available)

Number of Total College Credits Earned (if applicable): \_\_\_\_\_ Current GPA \_\_\_\_\_

**Provide a brief profile of yourself, including your educational goals (you may use additional paper):**

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**What is your major in the Allied Health and Nursing Division?**

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**How are you funding your college education? Please reference other scholarships or aid you are receiving.**

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*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, Scholarship Donor 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 \_\_\_\_\_

Scholarship Sponsored by:



This scholarship is made possible through the generosity of donors to the LCCC Foundation Scholarship Program. The LCCC Foundation supports Lorain County Community College by making possible scholarships and other program and technology enhancements that otherwise would not be possible. Individuals, businesses and organizations give generously to ensure scholarships are available to help needing and deserving students receive a college education at LCCC or its University Partnership. Their support is greatly appreciated.