

## **The Louise R. Horn, R.N. Scholarship in Nursing Fall Semester 2020**

Lorain County Community College is proud to announce the availability of **The Louise R. Horn, R.N. Scholarship in Nursing**. This scholarship is intended for Lorain County Community College and/or University Partnership nursing students. Preference will be given to applicants with financial need; academic achievement; second term or longer status; and is either divorced or a widow/widower.

**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:**

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

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

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

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

**Please complete the following essay questions. You may use additional paper.**

Provide a brief profile of yourself, including your educational goals:

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What degree are you pursuing and why?

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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 of this award. All information on this form is true and correct to the best of my knowledge. I give permission to LCCC and the University Partnership to release information about my financial aid and academic record to the LCCC Foundation Office, Scholarship Donor and the Scholarship 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



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.