

Leo Koury Scholarship Award Supported by the Dr. Alfred J. Loser Memorial Scholarship Fund Fall Semester 2020

Lorain County Community College is proud to announce the availability of the **Leo Koury Scholarship Award Supported by the Dr. Alfred J. Loser Memorial Scholarship** for fall semester. This award is intended to support Lorain County Community College/University Partnership students who meet the following criteria:

- **Must be a graduate from Lorain High School, Admiral King High School, Southview High School, Lorain Catholic High School and any successor named high school in the City of Lorain.**
- **Lorain High School seniors planning to attend LCCC/UP fall semester after their high school graduation may apply. This includes seniors dually enrolled in LCCC and a UP institution.**
- **Grade Point Average of 3.0 or better and in good standing with the College.**

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**

Please complete the following:

First Name _____ Middle Initial _____ Last Name _____ LCCC Student #/UP School _____

Home Address (Street, Apartment Number) _____ City, State Zip _____

Home Phone Number _____ E-mail address (if available) _____

High School graduated from: _____ year _____

Number of Total College Credits Earned (if applicable): _____

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

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 _____

Scholarship Sponsored by:



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

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.