



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

2020-2021 LORAIN COUNTY LABOR AGENCY SCHOLARSHIP

The Lorain County Labor Agency (LCLA) has established a scholarship fund with the Lorain County Community College Foundation to assist eligible Lorain County Community College and University Partnership students in continuing their education. The scholarship may be used for degree or certificate-seeking students; students in need of upgrading skills in order to remain employable; or to take advantage of career advancement opportunities.

Application criteria:

- Must reside in either Lorain County or Huron County;
- Applicant must be a high school graduate or equivalent;
- Applicant must possess a minimum 2.0 grade point average during high school or college;
- Applicant must be a union employee or the child of a union employee;
- Applicant must be at least 17 years old.

Selection of the LCLA Scholarship will be made by the Lorain County Community College Scholarship Selection Committee. Preference will be given to applicants who have unusual circumstances as recorded on the scholarship application; seriousness of candidate to pursue a degree or certificate program as recorded on the scholarship application; and academic achievement.

Return your completed Lorain County Labor Agency Scholarship application to:

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

By June 30, 2020

LORAIN COUNTY LABOR AGENCY SCHOLARSHIP

Name: _____ Student No: _____

Address: _____
Street City County State Zip

Telephone No.: (____) _____ College Major: _____

High School Graduated from: _____

What local union do you or your parent have a relationship with? _____

Special circumstances or expenses (i.e. physical, financial, etc.):

List any special recognition you've received for outstanding work (honors, prizes, scholarships) or list extra-curricular activities or volunteerism you participated in.

What are your educational goals and what do you expect to accomplish as a result of this scholarship?

If employed, do you receive educational benefits or reimbursement from your employer? Yes _____ No _____
If yes, please list amount and details:

What other financial aid (i.e. scholarships, grants, loans) 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 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 Selection Committee.

Signature _____ Date _____



This scholarship/award 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.