

Lorain County Community College/University Partnership Student Senate Scholarship Fall Semester 2020

Lorain County Community College is proud to announce the availability of the **Lorain County Community College/University Partnership Student Senate 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:

Applicants must have a 2.5 GPA or higher; be enrolled part-time or full-time at LCCC and/or UP during the semester of the award; and is a high school graduate or equivalent. Preference will be given to applicants involved in campus life; i.e., club member, student worker, athlete, LCCC Volunteer, tutor; and has attended Student Life events; community leadership.

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 Number/UP School

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

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

Major: _____ Current GPA _____ Amount of Credits Completed: _____

You may use additional paper if needed to answer the following:

Describe your community involvement over the past year

Please list and briefly describe any Student Life or Student Senate events you have attended or volunteered at, and describe your involvement in campus life over the past year.

What leadership qualities do you possess?

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, 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 _____