



To be eligible for consideration, applications must be fully completed, including essay portion.

Endowed Richard Cluck Scholarship Fall 2020

Lorain County Community College is proud to announce the availability of the **Endowed Richard Cluck Scholarship**. This scholarship is intended for full or part-time (at least 6 credit hours) Lorain County Community College or University Partnership (UP) students majoring in any health field. Additionally, applicants must be a high school graduate or hold a GED; be a U.S. citizen or permanent resident of the U.S.; and be enrolled or accepted for enrollment for the semester the scholarship is offered. To be considered for this scholarship, applicant must be enrolled in Fall Semester classes in a program leading to a degree or certificate by the application due date.

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 for this award, complete the 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 or UP School

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

Home Phone Number E-mail address (if available)

Number of College Credits Earned: _____ What is your major? _____

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

List community service activities, special recognition or awards you've received.

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 Selection Committee.

Signature

Date