



**DIVERSITY INCENTIVE AWARD SCHOLARSHIP APPLICATION
FOR CURRENT HOME SCHOOLED OR NON-CHARTERED HIGH SCHOOL GRADUATES**

Name _____
First Last

Soc. Sec. No. _____ Phone Number: (____) _____

Student's Address _____
Street City County State Zip

Student's Ethnicity: African American Hispanic Native American
 Indian Middle Easterner Pacific Islander

Name of High School or Home School Association _____

High School or Assoc. Address _____
Street City County State Zip

Contact Person _____ Phone number: (____) _____

Graduation Date: _____

I am requesting funding from the Diversity Incentive Award fund. I certify that:

1. I am a Lorain County resident,
2. I am a current high school graduate or equivalent.
3. I am from an unrepresented ethnic population as indicated above.
4. I understand that the LCCC Diversity Incentive Award will be awarded to students who possess a minimum ACT composite score of 18 or a minimum SAT score of 1290.

Falsification of information on this application may nullify my award. I give LCCC permission to release information about me to the LCCC Foundation and/or scholarship donor.

Student's Signature

Date

Please forward an official copy of your ACT or SAT scores to the LCCC Financial Services Center, a record or transcript of your completed high school coursework along with the completed application to:

LCCC Financial Services, LC 146 , 1005 Abbe Road North, Elyria, OH 44035

LCCC Office Use Only

Scholarship approved by _____ Date _____