



**LORAIN COUNTY COMMUNITY COLLEGE  
TRUSTEE & PRESIDENTIAL 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

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 LCCC Presidential or Trustee Scholarship fund. I certify that:

1. I am a Lorain County resident,
2. I am a current high school graduate or equivalent.
3. I understand that the LCCC Presidential Scholarship will be awarded to students who possess an ACT composite score of 24 - 25 or an SAT score of 1650-1759.
4. I understand that the Trustee Scholarship will be awarded to students who possess a minimum ACT composite score of 26 or a minimum SAT score of 1760.

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 Aid Office, 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**

<b><u>LCCC Office Use Only</u></b>		
Type of Scholarship Awarded:	Presidential	Trustee
Scholarship approved by _____	Date _____	