

THE JAKE AND GEN RN MEMORIAL NURSING SCHOLARSHIP

**Lorain County Community College
Spring Semester 2021**

APPLICANT AND RECIPIENT CRITERIA:

- Applicant must be an undergraduate Registered Nursing student (not RNs pursuing a bachelor’s degree) enrolled in LCCC or LCCC’s University Partnership Program.
- First preference will be given to a student who is a graduate of Marion L. Steele High School of the Amherst School District – but all may apply.
- The scholarship will be awarded to a needing and deserving student.
- The scholarship may be used for tuition, fees, books and supplies. The recipient must demonstrate unmet need after grants and other awards.

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.

RETURN TO LCCC FINANCIAL SERVICES CENTER, LC146 BY: January 6, 2021

Please complete the following:

First Name	Middle Initial	Last Name	LCCC Student Number/UP School
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Home Address (Street, Apartment Number)	City, State Zip
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Home Phone Number	E-mail address (if available)
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Number of College Credits Earned: _____	Major: _____
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Name of high school From which you graduated: _____	Year: _____	High School GPA: _____
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Provide a brief profile of yourself, including your educational goals:

Please list your interest/involvement in the community:

Other volunteer, community service, extra curricular activities you are involved with:

Unusual circumstances or expenses:

What other financial aid 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

Please attach a 250-word essay on "Why You Have Selected Nursing As a Career Choice."

I certify that I have truthfully completed all of the information required for receipt 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 Scholarship Selection 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

RETURN APPLICATION (including 250-word essay) by January 6, 2021 to:

**FINANCIAL SERVICES CENTER, LC146
LORAIN COUNTY COMMUNITY COLLEGE
1005 N ABBE ROAD
ELYRIA, OHIO 44035**

Scholarship Sponsored by:
 **FOUNDATION**
*Supporting the Mission & Vision
of Lorain County Community College*

This scholarship 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.