

ROSEANN KAMINSKY NURSING SCHOLARSHIP

Lorain County Community College

Spring 2021

APPLICANT AND RECIPIENT CRITERIA

- Must be Lorain County Community College Associate Degree Nursing students in your second-year of nursing clinical courses.
- Preference will be given to students with a GPA of 3.0 or better who demonstrate financial need, and who intend to continue their education for a RN to BSN or RN to MSN after graduation.

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

OVERVIEW

Professor Kaminsky has been on the ADN nursing faculty at Lorain County Community College for over twenty-five years. She desires to leave a legacy for future nursing students through this scholarship.

First Name Middle Initial Last Name LCCC Student Number

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

Home Phone Number E-mail address (if available)

Number of College Credits Earned: _____ Major: _____

Are you, or will you be, in second-year nursing clinicals the semester of this award? _____ LCCC GPA: _____

Are you taking any courses the second year of nursing clinicals or previously that will transfer to a BSN or MSN program? If so, please name the courses:

What are your goals in nursing and what institution have you thought of attending to attain your RN, BSN or MSN?

What work or volunteer experience do you have in the health field?

Why did you choose the nursing profession as a career?

Describe any 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

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 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