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**What have you learned about yourself in the process?**

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**What are your career goals?**

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**How you will use the funds and the estimated amount required?**

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**What difference would this award make in your life?**

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**Please list other scholarships or aid you are receiving (include Federal or State aid).**

*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.*

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Signature

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Date



This scholarship/award 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.