

*Supporting the Mission & Vision
of Lorain County Community College*

Vicente and Juana Rivera Scholarship Spring Semester 2021

Lorain County Community College is proud to announce the availability of the **Vicente and Juana Rivera Scholarship**. This award is intended to support Lorain County Community College/University Partnership students. Preference will be given to those who meet the following criteria:

- **This award is intended to support full-time LCCC students from Lorain County**
- **All students are encouraged to apply, but preference will be given to Hispanic/Latino students or students from an underrepresented group pursuing a degree in healthcare**
- **The award may be used for tuition, books, and fees**

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.

To apply, complete this application by January 6, 2021

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

Please complete the following:

First Name Middle Initial Last Name LCCC Student Number/UP School

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

Home/Cell Phone Number E-mail address (if available)

Number of Total College Credits Earned (if applicable): _____ Current GPA _____

Provide a brief profile of yourself, including your educational goals (you may use additional paper):

Are are you pursuing a degree in healthcare? If not, what is your degree path?:

How are you funding your college education? Please reference other scholarships or aid you are receiving.

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 _____

Scholarship Sponsored by:



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.