Julia E. Biakanja Nursing Scholarship
Fall Semester 2021

Lorain County Community College is proud to announce the availability of the Julia E. Biakanja Nursing Scholarship. Julia Biakanja was very proud of her many years as a registered nurse. She attended M.B. Johnson School of Nursing in Elyria, Ohio and graduated in 1947. In 1987 the M.B. Johnson School of Nursing merged with the Lorain County Community College Nursing program.

This award is intended to support Lorain County Community College/University Partnership students.

Preference will be given to those who meet the following criteria:

- Second year associates degree nursing students who intend to pursue an RN to BSN or an RN to MSN
- 3.0 GPA or higher is required
- Must demonstrate financial need
- Scholarship may be used for payment of tuition, fees, books, and supplies

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 June 30, 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:

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<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>LCCC Student Number/UP School</th>
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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):

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Why are you pursuing a degree in nursing? Please explain in detail.

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

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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.