



2017 LAKEWOOD COUNTRY CLUB

SCHOLARSHIP APPLICATION EMPLOYEE OR EMPLOYEE'S DEPENDENT

CONTACT INFORMATION

NAME: _____
First Middle Last

ADDRESS: _____
Street (P.O. Box) City/State Zip

PHONE: _____ EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ STUDENT ID# _____
(if enrolled)

WHO IS THE LCC EMPLOYEE?

Self Length of Service at LCC: _____

Current Job Title: _____

Parent Name: _____

Relationship to you: _____

Length of Service at LCC: _____

Current Job Title: _____

ACADEMIC INFORMATION

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

OR GED DATE: _____

MOST RECENT TRANSCRIPT HIGH SCHOOL OR COLLEGE MUST BE ATTACHED OR DELIVERED TO LCC

COLLEGE / TECHNICAL SCHOOL

Please list the college or university you will be attending:

Name of college or university	Application Status?			Scholarship/Grant awarded?		Amount
	accepted	pending	enrolled	yes	no	
_____						_____

Will you be living on campus? Yes No Cost of Campus room and board: _____

If enrolled, what is your cost per semester including tuition, books, and fees? _____

