2018 LakewoodCountry 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	☐ other	_____

What is your expected tuition cost for next semester? _____

Please add additional space/sheets as needed.

QUESTIONS	The quality and depth of your answers are important to the selection process.

1. What are your goals for continuing your education? Please provide as much detail as possible.

2. What are your personal strengths and skills that will allow you to be successful next year in school?

3. What would winning this scholarship mean to you? Please provide any additional information that you think would assist the committee in determining that you are a strong candidate for this scholarship.

Return COMPLETED application and a copy of your TRANSCRIPT, by December 8, 2017.
PLEASE INCLUDE A HEADSHOT PHOTO WITH THIS APPLICATION