



# Lakewood Country Club 2019 Fall Semester

## 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? \_\_\_\_\_

