

FALL AND SPRING SEMESTER 2009-2010 UNIVERSITY PARTNERSHIP ACADEMIC SCHOLARSHIP

The Lorain County Community College Foundation, through the generous support of private donations, has made scholarship dollars available to University Partnership students. The intent of the University Partnership Academic Scholarship (UPAS) is to reward academic excellence thereby enabling more students to further their educational pursuits through the University Partnership. Scholarship awards vary based on the academic excellence, hours enrolled and unusual circumstances documented on the application.

Application criteria:

- ◆ Applicant must be enrolled in a minimum of one course for Fall Quarter or Fall Semester with a University Partner on LCCC's campus.
- ◆ Applicant must possess a minimum 3.25 grade point average with the most recent College or University attended.
- ◆ Applicant must be a U.S. Citizen or an eligible non-citizen as defined by the U.S. Department of Education.
- ◆ Applicant must submit completed scholarship application along with required documentation for consideration.

Application Requirements Checklist:

- Complete and return the attached UPAS application by May 31, 2009 to the LCCC Financial Services Center (LR146).
- Submit an unofficial transcript from your University Partner along with your completed UPAS application.
- Submit a schedule or documentation of registration and charges from your University Partner along with the completed UPAS application.

The Lorain County Community College Scholarship Selection Committee will review all completed applications meeting the established eligibility requirements. **Applications received without required documentation (listed above) will not be considered.** Selection will be based on academic excellence and information provided on the scholarship application on a funds available basis.

**Return your completed UPAS application to:
Lorain County Community College
Financial Services Center, LR 146
1005 Abbe Road North
Elyria, OH 44035**

Application Deadline is May 31, 2009



2008-2009 FALL AND SPRING SEMESTER UNIVERSITY PARTNERSHIP ACADEMIC SCHOLARSHIP

Name: _____

Social Security No.: _____ Telephone No.: _____

Address: _____
Street City County State Zip

Name of University Partner: _____ University Partner Degree: _____

Unusual circumstances or expenses (i.e., physical, financial, etc.): _____

List any special recognition you've received for outstanding school work (honors, prizes, scholarships) or list extra-curricular activities or volunteerism you participate in: _____

What are your educational goals and what do you expect to accomplish as a result of this scholarship?

Do you receive educational benefits or reimbursement from your employer? Yes No If yes, please list amount and details: _____

What other financial aid (i.e, scholarships, grants, loans) have you applied for and/or received? Please list name, amount, and date applied:

Name of Aid	Date Applied	\$ Amount
_____	_____	_____
Name of Aid	Date Applied	\$ Amount
_____	_____	_____

All information on this form is true to the best of my knowledge. Falsification of any information will result in cancellation of my scholarship. I give LCCC permission to release information about me to the LCCC Foundation and the funding organization.

APPLICANT'S SIGNATURE _____ DATE _____

Return completed application to LCCC Financial Services Center by May 31, 2009!