



SCHOLARSHIP APPLICATION

(Please print legibly)

Last Name: _____ First Name: _____ Middle Initial: _____ S.S. No.: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ County: _____ Date of Birth: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____ Gender: ___ Female ___ Male

Email Address: _____ Do you have previous Military Experience? _____ Yes _____ No

Are you a U.S. citizen? ___ Yes ___ No If no, are you a permanent resident? ___ Yes ___ No

How many of the following are in your household: _____ Adults _____ Children 0-17 _____ Qualifying dependents over 18

In Which Program/Class are You Interested? _____

Education:

Are you currently enrolled in Lee College? ___ Yes ___ No What area of study: _____ Student ID: _____

High school attended, or graduate of: _____ City/State: _____

Mo./Yr. of HS Graduation: _____ Mo./Yr. of GED Certification: _____

List school, colleges, trade schools, or technical schools you have attended and the degrees or certificates received or area of study

SCHOOL	DATES	CERTIFICATE/DEGREE/AREA STUDY
_____	_____	_____
_____	_____	_____

Have you ever received financial aid or a scholarship of any kind? ___ Yes ___ No If yes, please list type of financial Aid

_____ (attach an additional sheet if necessary)

Date Financial Aid/TPEG/Pell Grant was awarded: _____

Job History:

Are you currently employed? ___ Yes ___ No

Beginning with the most recent, list your last two jobs.

Name and Address of Employer	Dates Employed	Full/Part Time	Monthly Pay
_____	_____	_____	_____
_____	_____	_____	_____

Essay: What other information would you like the scholarship committee to consider? For example: an experience that has shaped you; personal responsibilities; achievements or talents; education goals; and/or barriers that you have overcome. What are your plans after completing the program?

By signing this application, your signature expressly:

- (1) Grants the Center for Workforce & Community Development and the Lee College Foundation access to your student records and the confidential release of information to respective donor/contributors of your scholarship. Your application will not be considered if incomplete or without your signature.
- (2) Recipient acknowledges that he/she must write a thank-you letter to the donor prior to disbursement of funds.

Signature: _____

FOR OFFICE USE ONLY



Class Enrolled in: _____ Verified by: _____ Date: _____

Not Enrolled

LC Foundation ____ Albemarle ____ Lee Alliance ____ Other/Grant: _____ Grant Dir _____

AWARDED:

\$ _____

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Acct Tech in SM

Date: _____ Rejected Reason: _____