



# High School Senior Scholarship & Awards Application



LBCC FOUNDATION

**STUDENTS:** This application is due to your high school counselor by **Friday, March 12, 2010** (for school year 2010-2011).

(High school counselors please note: All senior applications must be received by the LBCC Financial Aid Office by Friday, March 19, 2010.)

**Financial Aid Office**

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6500 Pacific Blvd. SW • Albany, OR 97321 • (541) 917-4850 • Fax (541) 917-4864

## **What makes a scholarship application outstanding? Use this checklist and you'll be on the right track!**

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### **Recommendations from LBCC's Award Committee members:**

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1. Search for scholarships by going online to [www.linnbenton.edu/go/scholarships](http://www.linnbenton.edu/go/scholarships). Be sure to sort by the correct term for which you want to apply for scholarships. If you have questions contact the Financial Aid office at 917-4850.
2. Carefully complete the High School Scholarships and Awards application. It is VERY important that all elements of the application are completed and turned in together. Neatness counts too, so please type or print legibly. We strongly suggest you make a "rough draft" copy first to work out any corrections you need to make. If you chose to complete the online version of the LBCC Scholarship and Awards application, be sure to have all your information collected and assembled beforehand. The online application can not be saved.
3. Fill in all blanks on the application, if a question does not apply to you, simply write N/A. If you attach additional sheets of information, be sure to write your name on each sheet.
4. Write the names of all of the scholarships for which you meet the described criteria. A great application goes nowhere if you don't indicate what scholarships for which you wish to be considered.
5. Please be sure to attach a complete 7th semester transcript.
6. Recommendations should be given to teachers, supervisors, or employers to complete. Recommendations from family or friends will not be accepted. Be sure to give your recommendation forms to your references in plenty of time to retrieve them and turn them in with your completed application. Completed recommendations received by the financial aid office will not be copied for applicants. We strongly encourage you to make a copy of your complete application before submitting it to your High School Counselor.
7. Be sure that you have completed the FAFSA. Many of the scholarships available through the LBCC Scholarship and Awards Committee are "need based" and require that LBCC receive your FAFSA information prior to scholarship selection.
8. Additional outside scholarship opportunities are posted in the Financial Aid scholarship kiosk, located outside the LBCC Financial Aid office, Takena Hall, room T-117, on the Albany campus.

### **Below are several Web site addresses for financial aid information and services.**

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LBCC's Financial Aid Web Site: [www.linnbenton.edu/go/financial-aid](http://www.linnbenton.edu/go/financial-aid)

FAFSA Online: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

Oregon Student Assistance Commission (OSAC): [www.getcollegefunds.org](http://www.getcollegefunds.org)

FastWEB scholarship search, listing over 400,000 scholarships: [www.fastweb.com](http://www.fastweb.com)



# LBCC Scholarship & Awards Application



**Congratulations! You have taken the 1st BIG step in making your college experience successful!**

**Before completing the scholarship application, please be sure that you have submitted the Free Application for Student Financial Aid (FAFSA). We must receive this information in order to process your scholarship application. To complete the FAFSA, go to [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov). LBCC's school code is 006938. Don't Delay! FAFSA application may be submitted as early as January 1. Go check out their web site NOW!**

**If you receive a scholarship, please be aware that federal financial aid grants, loans and/or workstudy awards may be reduced. Contact the Financial Aid Office at (541) 917-4850 if you have questions.**

Please list each SCHOLARSHIP for which you are applying (please read the criteria for each scholarship to assure your eligibility):

Name \_\_\_\_\_  
First Last MI

Address \_\_\_\_\_ SSN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Are you a foreign student with non-resident alien status?  Yes  No \_\_\_\_\_

High school you are attending \_\_\_\_\_

Proposed graduation date \_\_\_\_\_

Check the term and fill in the year you expect to start at LBCC and indicate whether you will be a full- or a part-time student:

Summer  Fall  Year \_\_\_\_\_ Full-time (12 or more hours): \_\_\_\_\_ credits OR Part-time (6-11 hours): \_\_\_\_\_ credits per term

Are you registered in the LBCC/OSU Degree Partnership Program?  Yes  No

Cumulative High School GPA \_\_\_\_\_ (attached 7th semester transcript)

Declared LBCC major and major code (you must be admitted into a degree/certificate program to apply; undeclared or undecided students are NOT eligible to apply. Majors with a "pre" prefix and non-transfer majors are not eligible): \_\_\_\_\_

Please indicate your expected resources for the upcoming academic year: \$ \_\_\_\_\_

(Example: Your job, savings, parents, and other outside assistance)

Please indicate your expected expenses for the upcoming academic year: \$ \_\_\_\_\_

(Example: Tuition, Books, Transportation, Rent, Food, Personal, etc.)

Please write a statement discussing your financial need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write a statement discussing your educational and career goals (attach a separate sheet if necessary):

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Please describe why receiving a scholarship is important to you. \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Remember!** Include two student recommendations and your 7th semester transcripts with your application.  
**PLEASE RETURN TO: Your High School Counselor Before March 12, 2010.**

Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research and reporting. The college will not use your number to make any decision directly affecting you or any other person. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement with your registration information in your class schedule which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described.

It is the policy of LBCC that there be no discrimination or harassment on the grounds of race, color, sex, marital and/or parental status, religion, national origin, age, mental or physical disability, Vietnam era or veteran status in its programs, activities or employment. Employees and other people who have questions about equal opportunity and nondiscrimination should contact the LBCC Human Resources Office. Students should contact the Dean of Student Services.

Signing this form gives the Award Committee the right to review transcripts for verification of award eligibility and use your name in publicizing awards and grants.

**CERTIFICATION, ALL APPLICANTS:**

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to the selection committee to review information on this form, my transcripts, my need for financial assistance based on a federally-approved needs analysis, and additional supporting documentation submitted as part of this application. I give permission for the selection committee to contact high school and college officials for additional academic and/or financial information. If selected to receive a scholarship I give permission for a publicity release and to share information contained in my application with appropriate scholarship donors.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

# Activities Chart

Name \_\_\_\_\_ SSN \_\_\_\_\_

	<b>Dates From-To</b>	<b>Total Hours Spent per Month</b>	<b>Responsibility/Accomplishments</b>
<b>School/Family/ Community Activities</b>			
<b>Volunteer Service</b>			
<b>Work for Pay</b>			

Photocopy and attach additional sheets if necessary.



# Scholarship Recommendation

**TO BE COMPLETED BY STUDENT:**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Declared LBCC major \_\_\_\_\_

This completed form is due by \_\_\_\_\_ Please return to: \_\_\_\_\_

**TO BE COMPLETED BY PERSON MAKING RECOMMENDATION (employer, teacher, coach, clergy, etc. NOT family or friend) :**

- Length of time you have known applicant: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_
- In what capacity do you know applicant (i.e., teacher, advisor, employer, etc.)? \_\_\_\_\_
- We are seeking information about qualities related to the applicant's potential for success in the major/career goal listed above. Please rate the candidate below and make any additional comments you desire.

<b>Check Appropriate Column For Each Item Below</b>	Superior	Above Average	Average	Fair	Poor	Unable to Judge
Ability To Present Ideas						
Work Habits						
Leadership						
Enthusiasm						
Cooperation						
Resourcefulness						
Initiative						
Dependability						
Adaptability						
Potential For Success						

- Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Recommendation completed by:

\_\_\_\_\_  
name signature date

\_\_\_\_\_  
title employer

**Please return this form with your completed application.**



# Scholarship Recommendation

**TO BE COMPLETED BY STUDENT:**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Declared LBCC major \_\_\_\_\_

This completed form is due by \_\_\_\_\_ Please return to: \_\_\_\_\_

**TO BE COMPLETED BY PERSON MAKING RECOMMENDATION (employer, teacher, coach, clergy, etc. NOT family or friend) :**

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Ability To Present Ideas						
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Cooperation						
Resourcefulness						
Initiative						
Dependability						
Adaptability						
Potential For Success						

• Comments \_\_\_\_\_  
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 \_\_\_\_\_

• Recommendation completed by:

\_\_\_\_\_ name signature date

\_\_\_\_\_ title employer

**Please return this form with your completed application.**