

LBCC Foundation Faculty/Staff Scholarship
Application Form

Date: _____ SS#: _____

Name: _____

Address: _____

Home Phone: ____/____/____ Campus Phone: ____/____/____

Position at LBCC: _____ Campus: _____

Department: _____

Please outline your career/professional goals and how further education will promote these goals and be of benefit to LBCC.

Name the college and course(s) in which you plan to enroll to promote your goals. (If specific course titles are not currently known, give name of department or program.) Indicate approximate registration/tuition fees. Attach copies of grade reports if you are currently enrolled in classes.

College/University

Course Title

Reg./Tuition Fee

Please explain your need for funds and how you propose to spend the financial award.

Return the completed application to Alicia Kruienza, Associate Director, Scholarships, MC B-12 by Friday, December 2, 2011.