



## **LCTCS FOUNDATION Scholarship Application Form**

### **Purpose**

The Louisiana Community and Technical College System Foundation will award scholarships that serve two equally valuable purposes: recognition of merit and achievement, as well as provision of financial support.

### **Awards**

Up to three scholarship awards are available in amounts up to \$500 annually. All scholarship awards will be paid to directly to the college of the recipient.

### **Eligibility**

1. Applicants must be enrolled or currently attending one of the LCTCS community colleges.
2. Applicants must be in good academic standing

The LCTCSF Scholarship Awards are awarded without regard to race, sex, religion, age, national origin or sexual orientation. The LCTCSF will not award scholarships to applicants who are not considered qualified.

### **Selection Criteria**

1. Financial Need
2. Career Goals
3. Academic standing (minimum required cumulative GPA of 2.0)

### **Application Requirements**

To be considered for a LCTCSF Scholarship Award, applicants must complete an application and return it to Tarie Roberson by May 1, 2017. The application must include:

1. A completed application form. *Only completed application forms will be considered.*
2. Two (2) completed scholarship recommendation forms.

*All of the above items must be submitted before the application will be considered.*

### **Submission of Application Form**

Applicants must complete the Application Form below and submit to the LCTCS Foundation. For the statement of financial need and career goals, you may use the page included in this application form, or attach a separate page.

## LCTCS FOUNDATION SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

Print Full Name:

Date of birth:

Phone:

Marital Status: Single Married Divorced Widowed

Current address:

City:

State:

ZIP Code:

### EMPLOYMENT INFORMATION (IF APPLICABLE)

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

### EDUCATION INFORMATION

High School

Graduation Date:

High School GPA:

High School Equivalency / Adult Education

Graduation Date:

Highest Level of Education? (Circle One) Some High School High School Some College Bachelor's Degree Graduate Degree

If more than high school, please explain:

What community or technical college are you attending or interested in attending?

Intended Major (if any):

### FINANCIAL INFORMATION

## LCTCS FOUNDATION SCHOLARSHIP APPLICATION

Please describe your need for a scholarship (attach a separate sheet, if necessary):

### REFERENCES (MINIMUM OF 2 REFERENCED REQUIRED)

Name	Address	Phone

### DEPENDENTS (IF APPLICABLE)

Name	Age:	Name	Age:
Name	Age:	Name	Age:

### SIGNATURE

The Information in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, (Please print name) \_\_\_\_\_ give permission for any college or school to release to the LCTCSF Scholarship Program any information necessary to process my application to the Program.

**SIGNATURE:**

**DATE:**

### **Submission of Application (Continued)**

Completed application forms should be sent to [tarieroberson@lctcs.edu](mailto:tarieroberson@lctcs.edu). Please include applicant's last name as part of the file name. Alternatively, completed printed applications may be mailed to:

The LCTCS Foundation  
Scholarship Program  
265 S. Foster Drive  
Baton Rouge, LA 70806  
ATTN: Tarie Roberson

### **Submission of Scholarship Recommendation Form**

The completed scholarship recommendation forms MUST be completed by an instructor or recommender and submitted directly to Tarie Roberson ([tarieroberson@lctcs.edu](mailto:tarieroberson@lctcs.edu)) at LCTCS Foundation by the May 1<sup>st</sup> deadline.

Questions about the application process may be directed to [tarieroberson@lctcs.edu](mailto:tarieroberson@lctcs.edu) or 225-308-4418.

**Note that all application materials must be received by May 1, 2017.**



## Scholarship Recommendation Form

Student's Name \_\_\_\_\_ Date submitted to recommender: \_\_\_\_\_

Recommender's Name \_\_\_\_\_ Title \_\_\_\_\_

Note to students: Give recommendation forms to faculty members who are familiar with your academic work and/or know you personally. **Recommendations MUST be submitted by your recommendors by the application deadline on May 1<sup>st</sup>.**

1. I personally know the applicant:

INSTRUCTORS: Please feel free to attach a separate sheet of paper with your personal comments regarding this student. Include anything you feel the scholarship committee should know that makes this student particularly outstanding or deserving of a scholarship when compared with other students; include any special circumstances you feel should be taken in consideration.

- ☐ very well
- ☐ well
- ☐ somewhat
- ☐ not very well

2. In what capacity(ies) do you know the applicant? \_\_\_\_\_

3. Indicate your personal assessment of the applicant. Please rate this student in an overall comparison with other individuals whom you have known and taught at similar stages in their careers. Place an "X" in the most appropriate category for each criterion.

Rating	Top 5% (Superior)	Top 10% (Excellent)	Top 20% (Good)	Average	Below Average
Academic/Skills Performance					
Dependability					
Motivation					
Critical Thinking					
Preparedness					
Class Participation					

4. To what degree do you recommend this applicant?

- ☐ With the highest degree of confidence
- ☐ With good degree of confidence
- ☐ With fair degree of confidence
- ☐ With some doubt

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTOR: RECOMMENDATIONS MUST BE SUBMITTED DIRECTLY TO LCTCS FOUNDATION, BY THE APPLICATION DEADLINE ON MAY 1<sup>ST</sup>. YOU MAY EMAIL YOUR RECOMMENDATIONS DIRECTLY TO [TARIEROBERSON@LCTCS.EDU](mailto:TARIEROBERSON@LCTCS.EDU)**