

2009 – 2010 Award/Scholarship/Admission Form

State and Federal Law protects the privacy of your records
 Providing your Social Security number is voluntary. It will be used for keeping records, doing research and reporting purposes. If you choose not to use your Social Security number, you will not be denied any rights as a student but may be assigned an ID number which you may need to access LCC records about you or to obtain services. Please read the statement in the General Information section in the LCC Course Schedule Book under student identification cards, which describes how your number will be used. Providing your social Security number means that you consent to use the number in the manner described.

LCC complies with the Family Education Rights and Privacy Act of 1974 which regulates the release of Social Security numbers and other personally identifiable information from educational records.

I have previously applied to LCC

yes no

Student Number or Social Security Number _____ **Name** _____

Address _____

City _____ **State** _____ **Country** _____ **Zip** _____

High School _____ **High School Graduation Year** _____ **Occupational Goal** _____

(Area Code) Phone _____ **E-Mail** _____ **Date of Birth** _____

School District you Reside in _____ **Length of Time in School District** _____ **County you Reside in** _____

GENDER

Male
 Female

ETHNIC BACKGROUND

American Indian or Alaskan Native (1) Black – Non-Hispanic (3) White – Non-Hispanic (5)
 Asian or Pacific Islander (2) Hispanic and Chicano (4) Other (6)

ARE YOU MULTIRACIAL ?

Yes
 No

CITIZENSHIP

U.S. citizen (01) Refugee (attach copy of I-94 card) (92)
 Non-Resident alien ——— Visa type (02) Resident alien (attach copy of RA card) (93)
 Political asylee (attach copy of I-94 card) (91) Other (6)

STUDENT TYPE (check one)

New student (first time attending LCC) (N) Continuing Student (C) Guest Student (currently enrolled at another college) (G)
 High School Student (H) Transfer (T)

I have reviewed the eligibility requirements in this brochure. The award/scholarship I am most interested in receiving is: *(Those interested in the Student Leadership Academy may check an additional award; all others, check one only). Submit only one form*

Honors Program Award Occupational Program Award Foundation Scholarship Student Leadership Academy Service Scholarship

Financial Information: To be considered for a Foundation Scholarship you must complete this section.

Number of people in household _____ Number of people in household attending college _____

Complete the one table below that most accurately fits your financial situation

FINANCIAL SUPPORT FROM PARENTS/GUARDIAN	2008 Income	Projected 2009 Income
Parents/Guardians Total Annual Income	\$ _____	\$ _____
Students & Spouses (if applicable) Total Annual Income	\$ _____	\$ _____
Total Combined Income	\$ _____	\$ _____

OR

NO FINANCIAL SUPPORT FROM PARENTS/GUARDIAN	2008 Income	Projected 2009 Income
Students & Spouses (if applicable) Total Annual Income	\$ _____	\$ _____

Please indicate the number of credits you plan to enroll for:

Full-time (minimum of 12 credits) 3/4 time (9-11 credits) 1/2 time (6-8 credits) Part-time (less than 6 credits)

School/Community Service Activities _____

The information I have submitted for this application is correct and complete to the best of my knowledge. I give permission for Lansing Community College to release information to its Award Committees so that I may be considered for scholarships and awards.

Signature _____

Date _____

Submit this application form and all required material by January 30, 2009 to:

**1120-ENROLLMENT SERVICES
 LANSING COMMUNITY COLLEGE
 PO BOX 40010
 LANSING, MI 48901-7210**

Internal use only

Student #/Adm App Transcript Personal Stmt
 1 Rec letter 2 Rec Letter ACT Scores
 In District

Complete