



Section A: (to be completed by student - _____)

New Student

Returning Student

Full Name

Student ID Number

Phone Number

Email Address

Mailing Address

City

State

Zip

Major: _____

Please attach a screenshot of GPA from last completed term.

- PLEASE REVIEW DEPARTMENT-SPECIFIC SCHOLARSHIP CRITERIA -

Section B: (to be completed by LCCC representative)

Student Status: in state out of state WUE

Student Area of Scholarship: Art (ACTAR), Music (ACTMU), Theater (ACTTH), CCA (ACTCA), STEM (ACTMS) _____

Semester: Fall Spring Summer Year: 20_____

Total Tuition and Fees \$ _____

FAFSA plus other non-loan assistance/Total grants and awards \$ _____

Remaining tuition and fees \$ _____

Total award \$ _____

Section C:

I understand that this offer is contingent upon meeting any requirements specified in the School of Arts and Sciences scholarship guidelines. I understand that I must complete a FAFSA to receive the award. I understand that adjustments to the financial aid package may be necessary to comply with program requirements. This is a recommendation only and does not become final until the student receives an official award letter from the LCCC Financial Aid Office.

By signing this document, the signer/student indicates he/she has read and understands the terms and conditions of this scholarship.

Student Signature

LCCC Representative Signature

School Dean's Signature

Date