APPLICATION FOR 36' CLUB SCHOLARSHIP

For Young Ladies and Women

NOTE: Completed applications are due to the Lampasas County Higher Education Center by

TWO WEEKS PRIOR TO CLASS START

LCHEC, P.O. Box 184; 208 East Avenue B, Lampasas, TX 76550 * (512) 556-8226

This scholarship will reimburse half of the total cost (up to \$500) of <u>tuition and textbooks</u> for allied health programs taken at LCHEC. The student will be responsible for the other half. Scholarship criteria: Need, Citizenship, and Character. A short essay is required.

Name:	Telephone: _()
Email address:	
Address:	
Approximate annual family income: \$	Total number in family living at home:
Intended major or allied health program:	
Sources and amounts of financial aid previously re	eceived (if applicable):
Please explain how you plan to finance your cours	es if we are unable to provide you with a scholarship.

On a separate sheet, please write a short essay (minimum 250 words) about yourself, including your education/career goals and why you need this scholarship. Please attach high school transcript(s) or GED and one letter of recommendation from an employer or educator.