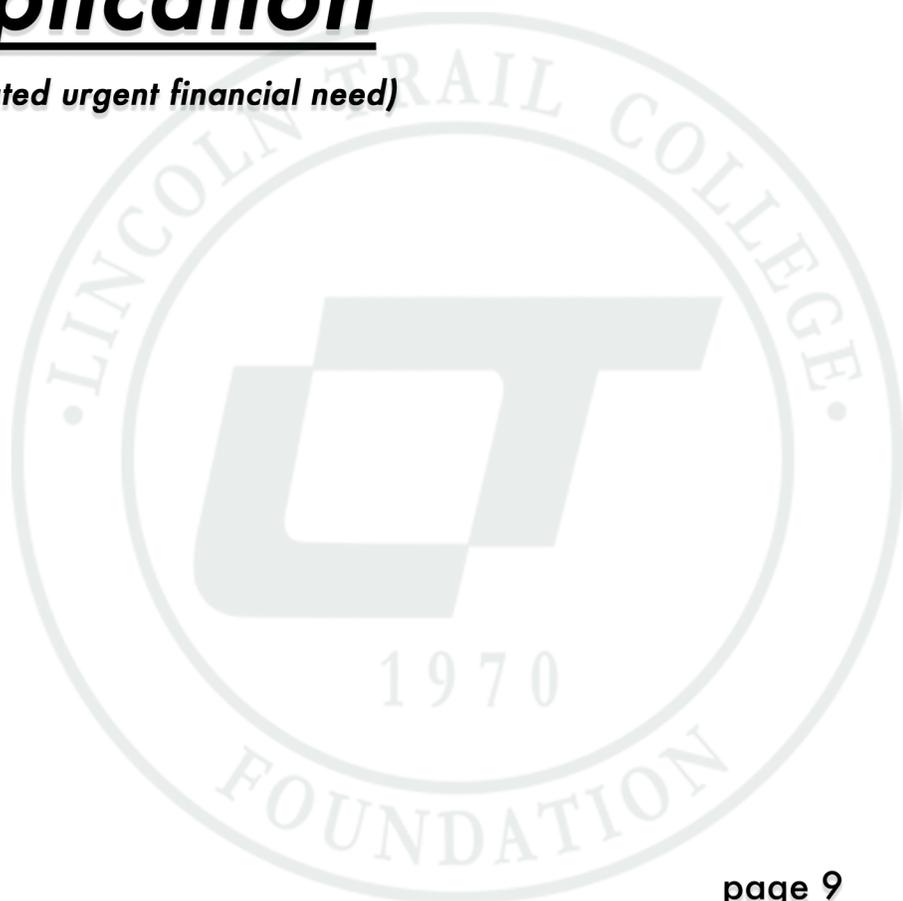




Improving Lives
Scholarship
Application

(unanticipated urgent financial need)



Urgent financial need scholarship requirements

Improving Lives Scholarship

This scholarship is funded through the United Way of Crawford County and the Lincoln Trail College Foundation. It is intended to help those who have unanticipated circumstances that may keep them from their pursuit of higher education at Lincoln Trail College.

PURPOSE:

The IMPROVING LIVES SCHOLARSHIP is available to residents of **Crawford County only**. Students (current or prospective) enrolling at Lincoln Trail College pursuing educational advancement in any of the following programs of study are eligible: GED, Certificate, 2 year Degree or Transfer Degree. The primary focus of this scholarship is to address the financial hurdles associated with continuing education. Preference will be given to single parents with financial needs associated with childcare/daycare expenses; however all **unanticipated** financial needs that are prohibiting Crawford County residents from achieving educational goals will be considered during the awarding process of this scholarship. Award amounts will vary based on the needs of the selected candidates. In rare cases an interview may be requested.

Please include the following items and checklist with application:

- Completed and signed** Improving Lives scholarship application
(See next page)
- Letter of recommendation/support
- Personal Letter to Foundation scholarship committee describing:
 - The unanticipated circumstances causing need for assistance
 - Your specific financial hurdles that are prohibiting your educational goals
 - The amount of assistance you are requesting to achieve your educational goals



LINCOLN TRAIL COLLEGE FOUNDATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY TO ASSIST IN DEVELOPING AND AUGMENTING THE FACILITIES AND CARRYING OUT THE EDUCATIONAL FUNCTIONS OF LINCOLN TRAIL COLLEGE IN ROBINSON ILLINOIS.

IMPROVING LIVES SCHOLARSHIP application



United Way
of Crawford County

MEASURABLY IMPROVING LIVES BY IDENTIFYING HEALTH AND HUMAN SERVICE NEEDS AND UNITING THE RESOURCES OF DONORS, VOLUNTEERS, AGENCIES, AND THE COMMUNITY TO ADDRESS THOSE NEEDS.

ELIGIBILITY:

- Must be a Crawford County resident
- Must be a current or prospective LTC student pursuing: (circle one)
Degree Certificate GED
- Must have an unanticipated financial need prohibiting student from achieving academic goals.

REQUIREMENTS:

- Completed Form
- Letter of recommendation
- Personal Letter to Foundation scholarship committee describing:
 - Your specific financial hurdles that are prohibiting your educational goals
 - The unanticipated circumstances causing need for assistance
 - The amount of assistance you are requesting to achieve your educational goals

APPLICANT INFORMATION:

Name: _____ DOB: / / _____ Email: _____

Current Address: _____ Apt# _____ City _____ State _____ Zip _____

Telephone: _____ Permission to text this number: (circle one) YES or NO

Marital Status: Married Single Is out-of-pocket **childcare expense** necessary for you to be able to attend college? YES or NO

If Yes, please fill out the following: Number of children _____ Name of licensed childcare provider _____

Monthly cost for childcare _____ Do you receive benefits from Project Child? YES or NO

Have you received any other scholarships or financial assistance while attending Lincoln Trail College? YES or NO

If yes, please list source and amount: _____

CIRCUMSTANCE OF SCHOLARSHIP REQUEST:

Unanticipated life event/expense: (please address in letter as well) _____

Requested amount: _____ If awarded, assistance will be used for: _____

If used for tuition & fees, account balance after ALL financial aid pays: _____

I certify that all information is correct and that if awarded a scholarship, Lincoln Trail College is hereby granted permission to release this information for publication for a period of one year from the date stated below. Also, my signature below gives permission for my high school to provide any academic information requested on this application form. I authorize Lincoln Trail College to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition and fees to the director of the Lincoln Trail College Foundation.

Applicant Signature: _____ Date: _____

I authorize Lincoln Trail College Foundation (LTCF) and Lincoln Trail College (LTC) to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding general information from LTCF or LTC. I understand that I am responsible for keeping LTCF/LTC records up to date with my current physical addresses, email addresses and phone numbers by contacting the offices.

Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Lincoln Trail College attn: Financial Aid Dept. 11220 State Highway 1 Robinson, IL 62454