



# **Transfer Scholarship** **Application**



# LTC graduate transfer scholarship requirements

## *Clara Mullen Memorial Scholarship*

Applicants must have attained a high school diploma from one of the public school systems of Crawford County, IL and be a graduate of Lincoln Trail college. The amount of the award will be determined by the income generated by the trust and the number of awards given. The scholarship shall be used to defray the cost of their education while working toward a Bachelor of Science or Bachelor of Arts degree.

*Please include the following items and checklist with application:*

- Completed and signed scholarship application
- \*Official\* Transcript from a Crawford County High School
- \*Official\* Transcript from Lincoln Trail College
- Personal Letter stating future plans & goals.
- Letter of support/recommendation (not from a family member)

Applications **due** by **June 15th**.

**Incomplete applications will not be accepted!**

*If you have any questions please contact  
Lincoln Trail College Foundation  
618.544.2373*

*You can find more information at [www.lincolntrailcollegefoundation.com](http://www.lincolntrailcollegefoundation.com)*

*Please return completed checklist with application to  
**Lincoln Trail College Foundation***

# CLARA MULLEN MEMORIAL SCHOLARSHIP

Lincoln Trail College Graduate Transfer Scholarship Application Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Current Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ (will be used to contact)

School you are enrolled/enrolling: \_\_\_\_\_

Current Major: \_\_\_\_\_

Grade Point average: (please include transcript): \_\_\_\_\_

Planned Degree: \_\_\_\_\_

Date you plan to complete this degree: \_\_\_\_\_

What degree(s), if any, do you already hold? (list degree, major and school):  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE ATTACH:

\_\_\_ Completed Application Form

\_\_\_ Personal Letter

\_\_\_ Official High School Transcript  
(Crawford county schools only)

\_\_\_ Letter of Recommendation

\_\_\_ Official Transcript from LTC

I certify that the information in this application is true and accurate to the best of my knowledge and belief. I understand the committee's decision will be final.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant is responsible for the timely submittal of the application  
to the Lincoln Trail College Foundation.

P.O. Box 737 Robinson, IL 62454 618.544.2373