



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
- Meet deadline of 1st Friday in **June**.
(priority given to early applicants)
- Notifications, if selected, will be e-mailed to the applicant no later than the last Friday in **June**.

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

*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

___ Official High School Transcript
(Crawford county schools only)

___ Official Transcript from LTC

If approved by committee, applicant will receive this award AFTER sending in a class schedule from his/her new institution.

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