



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