

SERVICE LEAGUE OF ORANGE HEALTH CARE PROFESSIONS SCHOLARSHIP

Please Type or Print Neatly in Ink

Due Date: Scholarship applications must be returned to the Office of Student Services--Fall Semester must be submitted by September 1 and Spring Semester applications by January 30.

Scholarship Amount: \$500 per semester

Minimum Grade Point Average: 2.5 on 4.0 scale

Must be a high school graduate or equivalency thereof

Must exhibit some financial need and not receiving any other scholarship

Must be a resident of Orange County

Name: _____ Social Security Number _____

Street Address _____ Phone number _____

City _____ State _____ Zip _____

Major Field of Study _____ Number of Hours Currently Enrolled _____

EDUCATIONAL INFORMATION

High School graduate _____ GED _____

High School Attended _____ Graduation Date _____

City _____ State _____ GPA _____ Class Rank _____

List honors, awards, clubs/organizations, extracurricular activities, etc. _____

Date of GED _____ Please list scores _____

If first time entering Freshman, please submit copy of high school transcript or GED scores with application

List of all colleges attended (including LSC-O) _____

List honors, awards, clubs/organizations, extracurricular activities, etc. _____

Please submit copy of transcript from school last attended (including LSC-O) with application

FINANCIAL INFORMATION

Employment Status: _____ Full time _____ Part time _____ Not currently employed
Place of employment: _____
Employer's Address: _____
City: _____ State _____ Zip _____ Phone _____
Number living in household (including yourself) _____

Monthly Income:

Taxable \$ _____
Non-Taxable (child support, family support, social security, etc.) \$ _____

Total Income: \$ _____

Monthly Expenses:

Housing \$ _____
Automobile \$ _____
Food \$ _____
Other (list) _____ \$ _____

Total Expenses: \$ _____

Difference (income minus expenses) \$ _____

DETERMINING CONSIDERATION

List any information you feel would be beneficial to the selection process, particularly those relating to your financial need and/or disabilities: _____

CERTIFICATION

If granted a scholarship, I hereby certify that I will be a student at Lamar State College-Orange while participating under the scholarship program and I authorize Lamar State College-Orange and/or the Orange Service League to release information pertaining to my award to news media and other interested parties. I certify that all information herein is true and correct.

Student Signature _____ Date _____