

# Lassen Community College

## Robert Irving Memorial Scholarship Application

**THE SCHOLARSHIP APPLICATION ATTACHED IS TO BE USED UNLESS OTHERWISE NOTED AND IS DUE IN THE FINANCIAL AID OFFICE BY Friday, APRIL 12, 2024 AT 4:00PM**

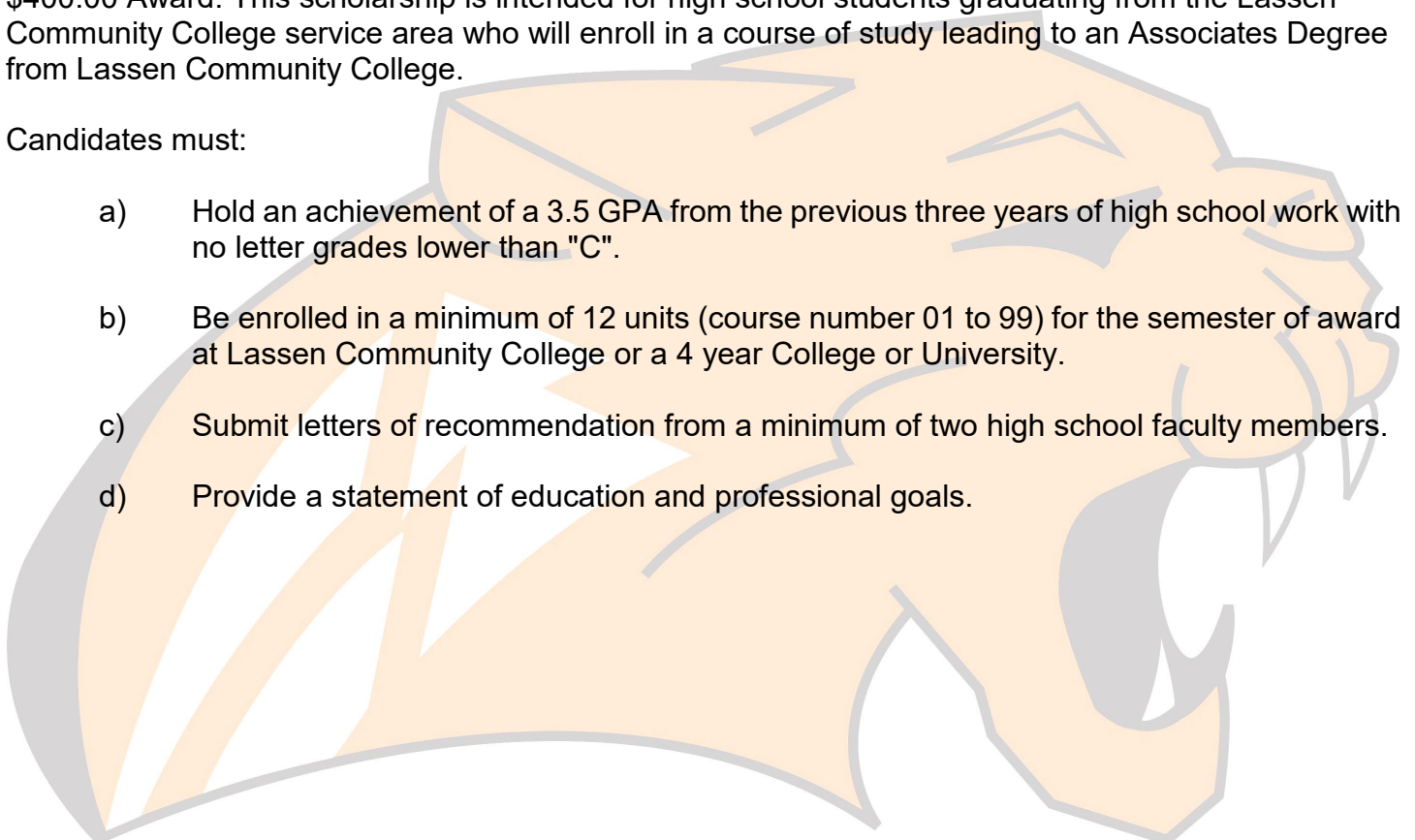
**LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

### **Robert Irving Scholarship:**

\$400.00 Award. This scholarship is intended for high school students graduating from the Lassen Community College service area who will enroll in a course of study leading to an Associates Degree from Lassen Community College.

Candidates must:

- a) Hold an achievement of a 3.5 GPA from the previous three years of high school work with no letter grades lower than "C".
- b) Be enrolled in a minimum of 12 units (course number 01 to 99) for the semester of award at Lassen Community College or a 4 year College or University.
- c) Submit letters of recommendation from a minimum of two high school faculty members.
- d) Provide a statement of education and professional goals.



You are applying for a scholarship provided by a Lassen Community College organization or other organizations from the community. Submit your **complete** application form, Statement of Educational Purpose, and three Recommendation Forms to the Financial Aid Office by **April 12, 2024**. In your Statement of Educational Purpose explain why you should receive the scholarship for which you are applying. Please keep the statement brief, no more than two typed pages double-spaced. The statement should include all information you feel will help us make a decision such as long range goals, employment, community service, service organizations, athletics and educational plans.

DO NOT INCLUDE ANY REFERENCE TO AGE, SEX, OR RACE.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
City State Zip

**TELEPHONE** \_\_\_\_\_ **GPA** \_\_\_\_\_

Which High School do you attend? \_\_\_\_\_

Do you intend to attend Lassen Community College for two years? YES \_\_\_\_\_ NO \_\_\_\_\_

What field of study are you pursuing? \_\_\_\_\_

Have you applied for Federal Financial Aid for 2024/2025? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST ANY ACADEMIC / PERSONAL/ATHLETIC HONORS WON:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release of Information Statement: (Must Check One)**

\_\_\_\_ I authorize Lassen Community College to release my name to the local press and at the Annual Awards Ceremony should I be the recipient of one or more of the scholarships or awards I have applied for on this application.

\_\_\_\_ I **DO NOT** authorize Lassen Community College to release my name to the local press and at the Annual Awards Ceremony should I be the recipient of one or more of the scholarships or awards I have applied for on this application.

In addition, I give the screening committee permission to review my academic records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SCHOLARSHIP RECOMMENDATION FORM

STUDENT'S  
NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

TELEPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

Check how you would rate this applicant's academic skills:

|                         | OUTSTANDING | ABOVE<br>AVERAGE | AVERAGE | NEEDS<br>IMPROVEMENT |
|-------------------------|-------------|------------------|---------|----------------------|
| 1. Academic Achievement |             |                  |         |                      |
| 2. Academic Potential   |             |                  |         |                      |

Check how you would rate this applicant's characteristics:

|                             | STRONGLY<br>AGREE | AGREE | SOMEWHAT<br>DISAGREE | DISAGREE |
|-----------------------------|-------------------|-------|----------------------|----------|
| 1. Has Positive Self Image  |                   |       |                      |          |
| 2. Demonstrates Leadership  |                   |       |                      |          |
| 3. Is a Self Starter        |                   |       |                      |          |
| 4. Is Motivated             |                   |       |                      |          |
| 5. Has Potential for Growth |                   |       |                      |          |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form Completed By:

Name \_\_\_\_\_  
 School/Organization \_\_\_\_\_

Position \_\_\_\_\_  
 Telephone \_\_\_\_\_

**LASSEN COMMUNITY COLLEGE  
SCHOLARSHIP**

# RECOMMENDATION FORM

STUDENT'S  
NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

TELEPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

Check how you would rate this applicant's academic skills:

|                         | <b>OUTSTANDING</b> | <b>ABOVE<br/>AVERAGE</b> | <b>AVERAGE</b> | <b>NEEDS<br/>IMPROVEMENT</b> |
|-------------------------|--------------------|--------------------------|----------------|------------------------------|
| 1. Academic Achievement |                    |                          |                |                              |
| 2. Academic Potential   |                    |                          |                |                              |

Check how you would rate this applicant's characteristics:

|                             | <b>STRONGLY<br/>AGREE</b> | <b>AGREE</b> | <b>SOMEWHAT<br/>DISAGREE</b> | <b>DISAGREE</b> |
|-----------------------------|---------------------------|--------------|------------------------------|-----------------|
| 1. Has Positive Self Image  |                           |              |                              |                 |
| 2. Demonstrates Leadership  |                           |              |                              |                 |
| 3. Is a Self Starter        |                           |              |                              |                 |
| 4. Is Motivated             |                           |              |                              |                 |
| 5. Has Potential for Growth |                           |              |                              |                 |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Completed By:

Name \_\_\_\_\_  
School/Organization \_\_\_\_\_

Position \_\_\_\_\_  
Telephone \_\_\_\_\_

# LASSEN COMMUNITY COLLEGE SCHOLARSHIP RECOMMENDATION FORM

STUDENT'S NAME \_\_\_\_\_  
LAST
FIRST
MIDDLE

TELEPHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

Check how you would rate this applicant's academic skills:

|                         | OUTSTANDING | ABOVE AVERAGE | AVERAGE | NEEDS IMPROVEMENT |
|-------------------------|-------------|---------------|---------|-------------------|
| 1. Academic Achievement |             |               |         |                   |
| 2. Academic Potential   |             |               |         |                   |

Check how you would rate this applicant's characteristics:

|                             | STRONGLY AGREE | AGREE | SOMEWHAT DISAGREE | DISAGREE |
|-----------------------------|----------------|-------|-------------------|----------|
| 1. Has Positive Self Image  |                |       |                   |          |
| 2. Demonstrates Leadership  |                |       |                   |          |
| 3. Is a Self Starter        |                |       |                   |          |
| 4. Is Motivated             |                |       |                   |          |
| 5. Has Potential for Growth |                |       |                   |          |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form Completed By:

Name \_\_\_\_\_  
 School/Organization \_\_\_\_\_

Position \_\_\_\_\_  
 Telephone \_\_\_\_\_