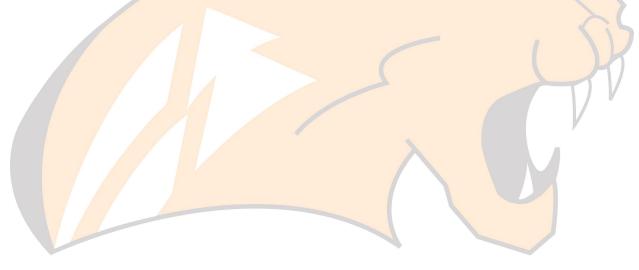
Lassen Community College Rotary Club & Susanville Sunrise Rotary Club Scholarship Application

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.

ROTARY CLUB OF SUSANVILLE & SUSANVILLE SUNRISE ROTARY CLUB:

\$1,000.00 award. For a Lassen Community College student transferring to a four year university or college in the fall.



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 (Unless applicable to the scholarship for which you are applying)

NAME					
STUDENT I.D. #					
ADDRESS					
	City	State		Zip	
TELEPHONE		GI	PA	1	
What school are you attending next y	ear?			-	
What field of study are you pursuing?					2
What date will you complete your AA	AS?	BA/BS?			25
Have you applied for Federal Financia	al Aid fo <mark>r 2024/20</mark>	25? YES	NO	- (K
LIST ANY ACADEMIC / PERSONAL	ATHLETIC HON	IORS WON			TV
					r
Release of Information Stat	ement: (Musi	check on	e)		
		~			
I authorize Lassen Community C Ceremony should I be the recipient of application.					
I DO NOT authorize Lassen Con Awards Ceremony should I be the rec this application.	cipient of one or n	nore of the sch	nolarships or	awards I ha	ve applied for on

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

STATEMENT OF EDUCATIONAL PURPOSE

The space below is to be used to provide information that will be reviewed in considering you for the scholarships or awards given by Lassen Community College. Please give special attention to your academic achievements, co-curricular achievements, academic and career goals, and/or leadership abilities.

LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

STUDENT'S

NAME

LAST

FIRST

MIDDLE

Student ID Number_____TELEPHONE_____

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

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Academic Achievement		7	2	
2. Academic Potential				5

Check how you would rate this applicant's characteristics:

	STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
1. Has P <mark>ositive</mark> Self Image				
2. Demo <mark>nstr</mark> ates Leadership				
3. Is a Self Starter				
4. Is Motivated				
5. Has Potential for Growth Comments:				

Form Completed By:	
Name	Position
School/Organization	Telephone

LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

STUDENT'S

NAME

LAST

FIRST

MIDDLE

Student ID Number_____TELEPHONE_____

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LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

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