

Lassen Community College

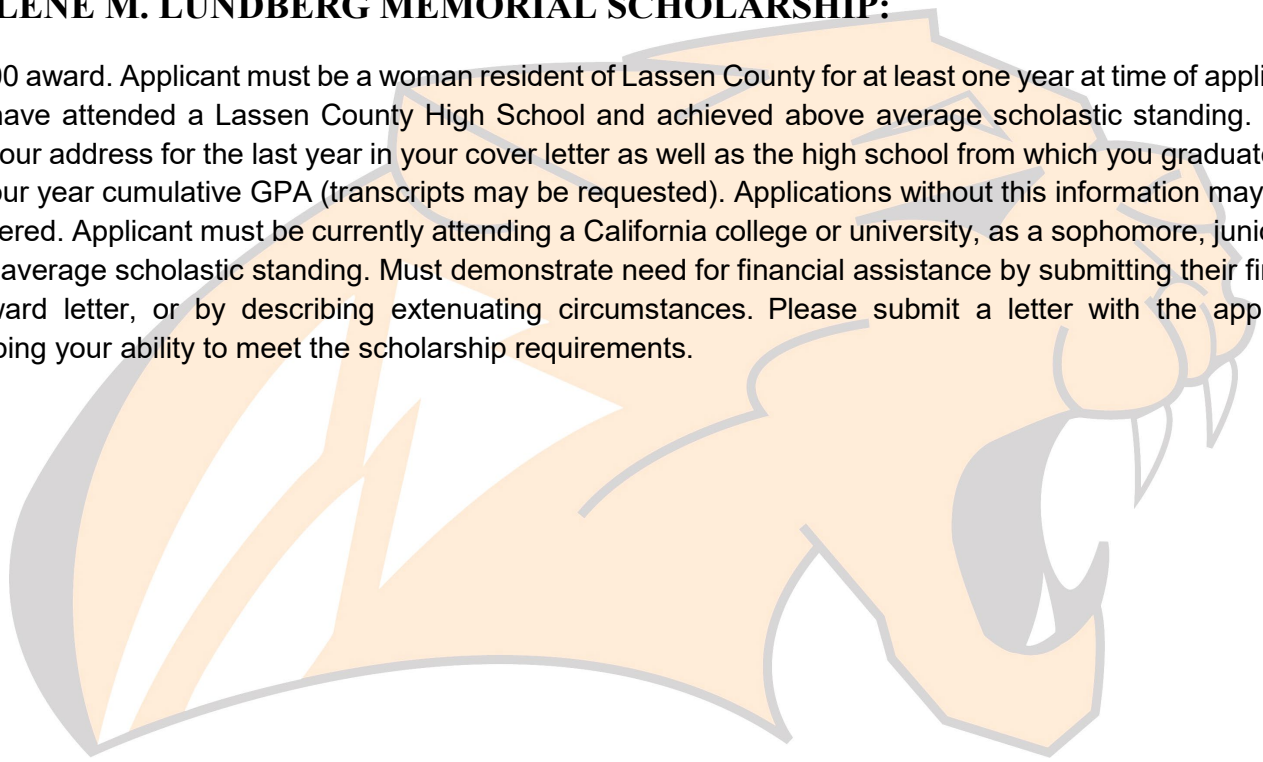
Darlene Lundberg Memorial Scholarship Application

**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.

DARLENE M. LUNDBERG MEMORIAL SCHOLARSHIP:

\$500.00 award. Applicant must be a woman resident of Lassen County for at least one year at time of application. Must have attended a Lassen County High School and achieved above average scholastic standing. Please state your address for the last year in your cover letter as well as the high school from which you graduated with your four year cumulative GPA (transcripts may be requested). Applications without this information may not be considered. Applicant must be currently attending a California college or university, as a sophomore, junior, with above average scholastic standing. Must demonstrate need for financial assistance by submitting their financial aid award letter, or by describing extenuating circumstances. Please submit a letter with the application describing your ability to meet the scholarship requirements.



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 _____ **GPA** _____

What school are you attending next year? _____

What field of study are you pursuing? _____

What date will you complete your AA/AS? _____ BA/BS? _____

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 _____

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 | | | | |
| 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 _____

Position _____

School/Organization _____

Telephone _____

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 | | | | |
| 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 _____

Position _____

School/Organization _____

Telephone _____

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 | | | | |
| 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 _____

Position _____

School/Organization _____

Telephone _____