

NORBERT AND AUNGST SCHOLARSHIP

TO ALL INSTRUCTORS:

Only students from the following programs are eligible for this award:

Automotive
Culinary

If you have a qualified applicant, who reflects all the desirable qualities, please submit to the **Guidance Office, no later than April 2, 2007**.

CRITERIA RECOMMENDED:

1. Applicant must be a program completing LCCTC senior who will be graduating from his/her home school during the year of the award.
2. **Applicant must be accepted into a post-secondary educational program by May 1st of the year of the award. Applicant must be able to verify post-secondary acceptance to the Scholarship Committee.**
3. Scholarship award shall be based on career preparation achievement as determined by the eight Career Skills Descriptors, overall achievement at the LCCTC, attendance, scholastic achievement and financial need as determined by the Scholarship Committee.
4. Applicant shall submit a brief essay with the application form stating student qualifications and need.
5. Applicant shall be available for an interview with the Scholarship Committee.
6. After submitting proof of enrollment to a post-secondary educational institution, a check shall be drawn by the Business Office of the LCCTC payable jointly to the award recipient and the post-secondary educational institution.
7. The Scholarship Committee for the Norbert and Aungst Award will be comprised of the following:
 - a.) Member(s) of the Joint Operating Committee
 - b.) Member(s) of the LCCTC Administration
 - c.) LCCTC Guidance Counselor
 - d.) LCCTC Special Populations Coordinator
 - e.) LCCTC Co-op Coordinator and School-To-Work Coordinator

Scholarships will be awarded regardless of applicant's race, color, creed, religion, sex, sexual orientation, ancestry, national origin, handicap or disability.

NORBERT AND AUNGST SCHOLARSHIP

1. APPLICANT'S NAME: _____
LAST FIRST MIDDLE

2. MAILING ADDRESS: _____
STREET ADDRESS CITY AND ZIP

3. DATE OF BIRTH: _____

4. PARENT'S NAME(S): FATHER: _____ MOTHER: _____

5. PARENT'S ADDRESS:
FATHER: _____ MOTHER: _____
STREET ADDRESS CITY AND ZIP STREET ADDRESS CITY AND ZIP

7. ACCEPTED BY: (COLLEGE OR OTHER EDUCATIONAL INSTITUTION) _____

8. DATE YOU WILL BEGIN STUDIES: _____

9. FIELD IN WHICH ENROLLED: _____

10. APPLICANT'S WORK EXPERIENCE: _____

11. LIST ALL LCCTC ACTIVITIES WHICH YOU HAVE PARTICIPATED: _____

12. LIST ALL SPECIAL HONORS OR AWARDS RECEIVED AT THE LCCTC: _____

13. WHAT ARE YOUR TOTAL ANTICIPATED COSTS OF YOUR FIRST YEAR EDUCATION: _____

14. HAVE YOU RECEIVED OR APPLIED FOR ANY OTHER SCHOLARSHIPS? YES NO
APPLIED **RECEIVED**

15. PLEASE ATTACH ESSAY PER CRITERION #4.

APPLICANT'S SIGNATURE _____ DATE _____

