



LUNA COMMUNITY COLLEGE FOUNDATION SCHOLARSHIP APPLICATION

Name: Last First Middle
Date of Birth: / / Social Security #: - -
Sex: M F
Permanent Address:
City State County Zip Code
Current Address:
City State Zip Code
Home Phone: () Cell Phone: ()
e-mail address:
Legal resident of New Mexico: Yes No

Educational Background: Provide official transcript.

Last or Current School Attending:
City State Zip Code
Anticipated date of graduation from LCC:
Current Academic Status:
Have you received any other scholarships or grants? If so, please specify the name of the scholarship/grant and the amount:

Financial need is a criterion for this scholarship. Your scholarship will not be processed unless you have a FAFSA (The Federal Application For Student Aid) on file with the LCC Financial Aid Office. Note: Please provide a typed one-page essay describing your financial hardship.

Verification of Application:

The above information is accurate to the best of my knowledge, and I consent to the release of this information to the LCC Foundation Board. Note: Any and all information is to remain strictly confidential. Violation of this may jeopardize approval of request.

Signature Date