



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: _____ County: _____ 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: _____