

LACKAWANNA COLLEGE FAMILY SCHOLARSHIP

Description

The Lackawanna College Family Scholarship is awarded annually to a first semester freshman from Pennsylvania with significant family financial need. The award is funded annually through an anonymous foundation set up to assist potential college students achieve their educational goals.

Criteria

Applicants for this award must have an annual family adjusted gross income of \$35,000 or less to be eligible. All potential candidates must file their FAFSA (Free Application for Federal Student Aid) before the April 30 deadline to be considered.

Award

The amount of the award is \$1000 (\$500 per semester) toward the tuition balance after financial aid (grants only) has been applied to the student's account. This scholarship is limited to two academic years.

Application Procedure

Student must submit the application to the Lackawanna College Admissions Office along with required materials by the application deadline. Selected students will be notified shortly after the deadline.

Deadline

Application deadline for this scholarship is **April 30th**.

LACKAWANNA COLLEGE FAMILY SCHOLARSHIP

PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Mobile Phone (____) _____

Email address _____

ACADEMIC INFORMATION

High School _____ Graduation Date _____

Current/Final Class Rank _____ Intended Major _____

Current/Final GPA _____ SAT/ACT scores _____

List any honors, awards, or community service activities:

ELIGIBILITY REQUIREMENTS

- Must be a resident of Pennsylvania and a first semester freshman.
- Family must have an annual adjusted gross income of \$35,000 or less to be eligible.
- Two hundred word essay on the importance of receiving this scholarship.
- Student must complete 24 credits with a 2.5 GPA and maintain full-time enrollment status during first academic year to be eligible for second year.
- **Scholarship Application Deadline is April 30th.**

I give Lackawanna College permission to use information from my academic records and financial aid application during the review of my eligibility for any scholarship. I understand that additional information may be requested from me in order to properly complete the scholarship application.

Signature _____ **Date** _____