

**COLUMBIA COUNTY RESOURCES
GENERAL SCHOLARSHIP APPLICATION
FOR LAKE CITY COMMUNITY COLLEGE ONLY**

Name of scholarship for which you are applying

Name: _____

(Last) (First) (Middle)

Date of Birth _____ Age _____ Sex: Male Female

Telephone Number _____ With whom do you Live? _____

Complete Mailing Address: _____

Parents:

Father: _____

Occupation: _____

Mother: _____

Occupation: _____

How many brothers do you have? ____ How many sisters? ____ How many in College? ____

Cumulative GPA (un-weighted) _____ (weighted) _____

SAT/ACT Score (s) _____

Planned Course of Study _____

Have you applied for admission to this college? _____ Have you been accepted? _____

High school activities & honors (you may use attachments)

Community & other activities (you may use attachments) _____

Why do you believe you should be awarded our scholarship? _____

Your goals: _____

I authorize the release of a copy of my high school transcript to the scholarship committee.

Signature: _____

Parent or Legal Guardian

Signature: _____