



2010-2011
Institutional Supplemental Application

INSTRUCTIONS TO APPLICANT: This form is required of all financial aid applicants. Return the completed form to the LCC Financial Aid Office, PO Box 188, Kinston, NC 28502-0188.

Please type or print the answers to each item on the application.

- No further action will be taken on your financial aid application until this form has been received by the LCC Financial Aid Office.
- **STUDENTS MUST REAPPLY FOR FINANCIAL AID EACH ACADEMIC YEAR (ALWAYS BEGINS WITH FALL SEMESTER)**

Last Name First Name Middle Initial Maiden Name

Social Security Number Date of Birth Home Phone Cell Phone

Mailing Address: City State Zip

Home Email Address (Students are assigned a college email account after enrolling. Please check the college email account regularly for important financial aid information.)

Curriculum Major at LCC

I plan to live at: ___ Parent's Home ___ My Home/Apartment ___ Other

Household size _____

Financial Aid Request

All students must complete a Free Application for Federal Student Aid (FAFSA). Students who complete the FAFSA are automatically considered for the Federal Pell Grant, North Carolina Community College Grant and Education Lottery Scholarship. Separate applications are required for other aid programs.

PLEASE READ AND SIGN THE CERTIFICATIONS ON THE BACK OF THIS FORM.
CERTIFICATIONS AND SIGNATURES
(read and sign below)

Use of Funds: Federal Title IV and state financial aid received is a means for students to supplement their resources to meet their financial needs while attending college. It is the policy of LCC to automatically pay tuition and fees with your financial aid. You must authorize the College to deduct educationally related expenses other than tuition and fees such as books, supplies, fines, outstanding loans, or other charges billed to your account. Your signature authorizes LCC to hold the balance of your account until the processing of bookstore charges, verification of class attendance, refund requests, and other adjustments are finalized in order to obtain a correct and true credit balance owed to you. You should understand that balance checks will be released on or after the dates posted by the Financial Aid Office. Students who choose not to allow the use of Title IV or state funds to pay the above stated non-institutional charges must do so in writing and submit the request to the Financial Aid Office.

Repayment Warning: Students who find it necessary to withdraw from the College may owe an overpayment. If you have attended classes (even for only one time) and you completely withdraw prior to the 60% point of a semester, the school must refund to the Department of Education the unearned portion of institutional charges, and you will owe an overpayment of funds received for living expenses and for items purchased in the college bookstore. It is very important that you repay any overpayment. Until the debt is paid in full, you are considered to be in violation of the college indebtedness policy. Should an overpayment/debt occur, you will be responsible for any collection fees incurred in the collection of the accounts. If the repayment is not acknowledged within 45 days of notification, the debt will be referred to the Department of Education's Debt Collection Service.

Release of Information Authorization: I authorize the Financial Aid Office at LCC to release any pertinent information from my financial aid records to outside agencies such as the Department of Social Services, Vocational Rehabilitation, U.S. Department of Education, Employment Security Commission, Department of Veterans Affairs, scholarship committees, and other agencies as applicable. Students who choose to prevent the release of information to an outside agency must do so in writing and submit the request to the Financial Aid Office.

Satisfactory Academic Progress: I understand that I must maintain Satisfactory Academic Progress toward my course of study which leads to a degree, diploma, or eligible certificate.

I understand that in order to achieve the minimum qualitative standard of the Satisfactory Academic Progress Policy, I must maintain a minimum cumulative GPA of 2.0.

I understand that in order to achieve the minimum quantitative standard of the Satisfactory Academic Progress Policy, I must pass or earn 67% of the total attempted credit hours each semester. Attempted credit hours are defined for this policy as those classes the student is still enrolled in at the census date (10% point) of the semester regardless of whether the student subsequently withdraws, receives a grade of 'IP'(remedial classes), W, WP, WF, I, or fails the class.

I understand that I must complete my program of study in a time frame not to exceed 150% of the published length of the program measured in credit hours attempted (e.g. – if the academic program length requires 72 credit hours, the maximum time frame cannot exceed 108 credit hours attempted) or financial aid will be suspended. Transfer credit hours accepted from other institutions are included in the calculation of the maximum time frame. I understand that remedial courses (those with numbers less than 100) are not included in this total because they do not count towards my program. However, I understand that remedial credit hours attempted in excess of 30 total semester credit hours cannot be counted toward my enrollment status for the Federal Pell Grant or towards my cost of attendance for campus-based programs.

I understand that I have a right to appeal my suspension from financial aid if special circumstances led me not to meet the minimum standards of satisfactory academic progress.

Books/Supplies Purchases: I understand that I am not required to purchase books and supplies in the LCC Bookstore. This service is provided by the College as a convenience. I understand that books and supplies may be purchased at off-campus locations with grant money under the following conditions:

- ◆ I must notify the Financial Aid Office in writing one week prior to the first day of class if my grant funds are to be used at an off-campus location.
- ◆ I must provide the Financial Aid Office with a written statement (on letterhead) from the off-campus vendor that indicates that the vendor will (1) allow the student to make a charge against the student's grant account and (2) bill the College within the seven-day period after the first day of the semester. I understand that I am limited to one location each semester to use the grant funds (i.e. I will not be allowed to make purchases at LCC and at the off-campus location during a semester).

I understand that failure to comply with the above terms may result in the loss of financial assistance.

Student Signature

Date

2010-2011 ACADEMIC YEAR SCHOLARSHIPS APPLICATION

This is a universal application for potential scholarship recipients.
It should be used to apply for scholarships available at
Lenoir Community College.

*Thank you for your interest in
Lenoir Community College Foundation Scholarships!*

We welcome all students without regard to race, creed, religion,
handicap, sex, or national origin. It is our goal to provide equal
educational opportunities to all students.

SUBMIT TO: Financial Aid Office, Scholarships

Lenoir Community College

PO Box 188

Kinston, NC 28502-0188

**APPLICATIONS ARE DUE NO LATER THAN
MONDAY, APRIL 12, 2010.**

Those who are awarded a scholarship will be notified by mail.

2010–2011 Academic Year
Scholarships Application



Scholarship Application Requirements for Application

In order for Lenoir Community College to process your scholarship application, you must have an *Application for Admission* on file with the Admissions Office. Please complete and submit the following materials to the Lenoir Community College Financial Aid Office.

1. A Lenoir Community College Foundation Scholarship Application.
2. A 2010-2011 Free Application for Federal Student Aid (FAFSA). These forms are available in the Financial Aid Office, from your high school counselor, or online at www.fafsa.ed.gov. You must use the Lenoir Community College code number 002940 in order for us to receive your information.
Note: This application cannot be submitted before January 1, 2010.
3. A Lenoir Community College Institutional Financial Aid Supplement 2010-2011.
4. Submit **two** letters of recommendation from a high school or college instructor who has taught you in the past five years or a recommendation from a non-family member. We encourage you to follow up with those who have agreed to complete a letter of recommendation on your behalf to ensure this is received prior to the scholarship deadline.
5. An official copy of your high school transcript if you are not currently a student at Lenoir Community College. **A copy must be included in your scholarship package.**
6. An official copy of your college transcripts other than Lenoir Community College. ***A copy must be included in your scholarship package.***

***Incomplete scholarship packages will not be considered.
It is the responsibility of the student to confirm receipt of all documents.***

2010–2011 Academic Year Scholarships Application



PO Box 188 • Kinston, NC 28502-0188 • (252) 527-6223
www.lenoircc.edu

2010-2011 Academic Year Scholarship Application

PO Box 188 • Kinston, NC 28502-0188 • (252) 527-6223

DEADLINE for Submission—April 12, 2010

Please read all instructions. PLEASE PRINT OR TYPE.

Social Security No. _____ - _____ - _____ (Your voluntarily provided SSN is used for identification of your record only.)

Name: (Please Print) _____
Last First Middle/Former

Address: _____
Street Address City State Zip

E-mail address _____

Telephone Number: Home _____ / _____

Work: _____ - _____ Cell: _____ - _____

Sex: Male Female Date of Birth _____ / _____ / _____
month day year

Race: White Black American Indian Hispanic Asian Other

Do you claim to be a legal resident of North Carolina? Yes No

If NC resident, what county? _____

If not NC resident, what state? _____

Planned Program of Study: _____

Marital Status: Single Married Separated Divorced

Live With: Parents Spouse Children Alone Other

Number of children in family _____ Number of people in household _____

Have you applied for other financial assistance? Yes No

If yes, check all that apply: Pell Grant WIA Student Loan

VA Benefits Other

Funds are available for some special populations. If you are a member of one of these groups and would like to be considered for these scholarships, please check all that apply.

Formerly incarcerated with the NC Department of Correction

Reside in Section 8 or subsidized housing

Are you affiliated with West Pharmaceutical Service? Yes No

If yes, select from the following: Employee

Family member of West Pharmaceutical employee

Name of family member: _____

(Please Check One)

I'm currently in High School

Name of High School _____

City & State _____

Expected date of graduation _____

I received a High School Diploma

Name of High School _____

City & State _____

Date of graduation _____

I received a GED or Adult High School Diploma

Issuing Agency _____

City & State _____

Month/Year received _____

FOR OFFICE USE

EFC Number: _____

REQUIREMENTS: Scholarship recipients are required to attend a scholarship donor reception/dinner. If awarded, a photograph will be taken for publication. The college reserves the right to request documentation of information provided on this application. Although many scholarships are not based on financial need, it is a consideration for the majority of scholarships awarded each year. Scholarship applicants must be at least half-time students. Second-year students who receive a scholarship award must have completed at least 12 hours of college level course work.

I hereby certify that I have read and understand the requirements of being a scholarship recipient and that all information I have set forth herein is true to the best of my knowledge. If recipient enrolls less than full time, the scholarship award will be adjusted accordingly. I also understand that I must have a GPA of at least a 2.5 and that if my grades fall below a 2.5 my scholarship will be canceled.

Signature

Date

MAIL TO: Financial Aid Office, Scholarships • Lenoir Community College • PO Box 188 • Kinston, NC 28502-0188

Visit us on line at www.lenoircc.edu

1. School-Related Activities

List activities (clubs, sports, etc.) and/or performances in which you have participated at school.

2. Volunteer/Community Service Activities

Describe your activities. Indicate the organization, dates, and types of volunteer activities.

3. Awards and Recognition

List the most significant honors, awards, and leadership recognition you have received.

4. Work Experience

5. Why are you interested in the curriculum you have chosen to pursue?

6. What are your future school plans?

7. Are there any circumstances that you feel the selection committee should know? _____

What is the Ambassadors Program?

The Ambassadors program at Lenoir Community College is an opportunity to learn leadership skills, to develop networking skills, to become an active participant in college activities, and to enjoy the satisfaction of serving others. Their duties include:

- Conducting campus tours for visitors and prospective students
- Serving at official Lenoir Community College and Lenoir Community College Foundation events
- Visiting area high schools for recruiting purposes
- Participating in fund-raising activities
- Assisting during registration and orientation events

Who is Eligible to Participate?

Students are selected through an application and interview process conducted by the LCC Scholarship Committee. Applicants' qualifications should include:

- Maintaining a cumulative grade point average of 3.0 or higher
- Sustaining good standing in the community and institution
- Being a full-time student
- A commitment to complete the academic year of scholarship award
- The ability to complete the required 25 service hours per semester

What are the Benefits?

While providing an invaluable service to the college, this program also furnishes educational benefits for the participants. The benefits include:

- Full tuition scholarship each semester
- Bookstore allowance of \$150 each semester
- Ambassador apparel

I am interested and qualify to participate in the Ambassadors Program Yes No



Scholarship Application Letter of Recommendation

Scholarship Applicant's Name (Print) _____
Last First Middle

FOR APPLICANT USE ONLY:

I, _____ hereby waive my right of access to this reference report. Date _____
(Signature of applicant)

For Respondent Use Only: (Please return to the appropriate address shown below.)

Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. If you lack knowledge to make a definite rating, give your estimate of the applicant's ability and also check the column "inadequate opportunity to observe."

	Below Average	Average	Good	Superior (Top 10%)	Inadequate Opportunity to Observe
Ability to master academic work ▶					
Ability in oral expression ▶					
Ability to write ▶					
Motivation ▶					
Level of maturity ▶					
Self-reliance and independence ▶					
Ability to read, write, & speak the English language ▶					
Ability to work with others ▶					
Creative or innovative talent ▶					

How long have you known the applicant? _____ Relationship to applicant? _____

If appropriate, please answer the following:

1) Would you accept this applicant into your organization/post secondary program? Yes No

2) Would you recommend financial assistance for this student? Yes No

In the space below or by attachment, please add any additional comments in support of this applicant.

Please Print Name _____ Signature of Respondent _____

Telephone _____ Title _____

Application Deadline: April 12, 2010

Return to: Financial Aid, Scholarship Division. Lenoir Community College. PO Box 188. Kinston, NC 28502-0188



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First
Middle

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Motivation ▶					
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Self-reliance and independence ▶					
Ability to read, write, & speak the English language ▶					
Ability to work with others ▶					
Creative or innovative talent ▶					

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