



# Scholarship Application



## PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Contact Information - Phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: (NMJC or USW students only) \_\_\_\_\_

## EDUCATIONAL INFORMATION

Date of GED Completion: \_\_\_\_\_ If this year, High School/GED GPA: \_\_\_\_\_

Circle School Attending: \_\_\_\_\_ New Mexico Junior College \_\_\_\_\_ University of the Southwest \_\_\_\_\_

Degree Sought at current institution (circle one): \_\_\_\_\_ Associates / Bachelors / Masters \_\_\_\_\_

Declared Major: \_\_\_\_\_

Cumulative College GPA: \_\_\_\_\_ Completed College Credits: \_\_\_\_\_

Number of credit hours you plan to take during the upcoming semester (must be at least 6): \_\_\_\_\_

Projected graduation date from your current institution: \_\_\_\_\_

Do you plan to continue your education past this current degree? \_\_\_\_\_

## BACKGROUND INFORMATION

Do you have a relative who is a LCWN member and, if so, who? \_\_\_\_\_

Have you participated in the LCWN Mentor Program? \_\_\_\_\_ If so, when? \_\_\_\_\_

How long have you lived in Lea County? \_\_\_\_\_

Where will you reside after obtaining your degree? \_\_\_\_\_

Have there been any interruptions in your studies at the current institution? \_\_\_\_\_

If so, explain when and reason(s) why: \_\_\_\_\_

Is there any other information you would like LCWN to consider (i.e. current job, outside interests, returning student, young children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the following:

- (1) a one page essay explaining your educational goals, future plans, and why you feel deserving of an LCWN scholarship
- (2) a letter of recommendation

By submitting this application, I agree that LCWN has the right to gather educational information from my college and/or university for verification purposes. I also agree that, if chosen, I will attend one LCWN luncheon per semester and allow LCWN to use my name, picture, and/or likeness to promote future scholarship fundraising efforts.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Checklist:  Completed Application  
 One page essay  
 Letter of Recommendation

**FOR COLLEGE USE ONLY**

Date Application Returned: \_\_\_\_\_

Scholarship Recommended: \_\_\_\_\_

Scholarship Not Recommended: \_\_\_\_\_

\_\_\_\_\_  
College Financial Aid Officer

\_\_\_\_\_  
Date

**FOR LCWN USE ONLY:**

Scholarship is           AWARDED or DECLINED

LCWN President \_\_\_\_\_ Date \_\_\_\_\_

Scholarship Director \_\_\_\_\_ Date \_\_\_\_\_

Comments from LCWN President and/or Scholarship Director: