

LCLA College Scholarship

Statement of Accuracy for Students

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the LCLA College Scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I will try to be present at the September, LCLA annual picnic to be recognized as a scholarship winner.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to submit to the LCLA, no later than **September 15, 2020**, a certificate of enrollment for the fall semester/term, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____

Date: _____

Statement of Support by Guidance Counselor

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to LCLA College Scholarship program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____

Date: _____

