



2015 ~ 2016 Scholarship Application

Deadline

All application materials must be submitted to the LLCC Foundation, room 1214, Menard Hall, Springfield campus, by **5 p.m. on Monday, March 2, 2015**. Application materials may be sent in the mail but must be postmarked by March 2 to the address below.

LLCC Foundation
P.O. Box 19256
Springfield, IL 62794-9256

Requirements

It is the responsibility of the applicant to submit the following materials by the deadline in order to be considered for LLCC Foundation scholarships.

1. Completed and signed **application**. Be sure you include your personal statement and any information requested for specific scholarships. **LLCC Honors Program information is included in the application.**
2. Most recent **transcript**. If you...
 - are currently in high school or have not attended a post-secondary institution since high school graduation, submit the attached High School Certification form with an official copy of your high school transcript.
 - are transferring to LLCC from another college or university, submit an official transcript from that institution.
 - are currently attending LLCC, submit an unofficial LLCC transcript after fall 2014 grades have been posted.
 - completed a GED or received a high school diploma through an alternative program, submit proof of completion.
3. Two completed **recommendations**. Obtain two references using the attached recommendation forms. References should be from people who can testify to your academic success, your commitment to community service and your personal virtues and qualities. Acceptable references include: teachers, guidance counselors, high school administrators, former/current employers, co-workers, or members of a volunteer or religious organization that you are affiliated with in the community. Exclude relatives, friends and classmates.

Selection & Notification

Applicants submitting a complete application by the deadline will be considered for all available scholarships for which they are eligible. Late or incomplete applications will not be considered. The LLCC Foundation Scholarship Selection Committee reviews applications and awards scholarships. Applicants will be notified by mail in May regarding their award status.

Questions

Please contact Lori Smith at (217) 786-4502 or lori.smith@llcc.edu.

LLCC Foundation Scholarship Application

2015
2016

| | | |
|---------------------------|---------------------------------------|---|
| _____ Last name | _____ First name | _____ Middle initial |
| _____ Address | | _____ City, State, ZIP |
| _____ Day phone number | _____ Evening phone number | _____ County (e.g. Sangamon) |
| _____ Email address | | _____ Date of birth |
| _____ Marital status | _____ Number of dependent children | _____ Last 4 digits SSN |
| | | <input type="radio"/> female <input type="radio"/> male |

Personal Statement

Attach a typed personal statement (maximum two [2] pages) that addresses the following. Place your name at the top of each page. Applications without a personal statement will not be considered.

- Describe your involvement in school or community organizations, teams, work/employment, etc., listing honors, recognitions, awards, and positions held. Include what you have learned from this involvement. If participation has been limited, describe any limitations of a personal, cultural or financial nature.
- Explain your educational and career goals and your plans to achieve them.
- Describe the impact you believe education has had and will have on your life.
- Describe how you are financing your college education and explain any special personal or family circumstances affecting your need for financial assistance. (This information is used in determining financial need for some scholarships.)

Student Information

Check one:

- ☐ **First-time college student** – I have not attended a post-secondary institution (college, university or trade school) since earning a high school diploma or equivalent.

Note: High school seniors are considered first-time college students for their first academic year at LLCC even if they...

1. graduated early from high school,
2. graduated early from high school and will take spring '15 or summer '15 classes at LLCC; and/or
3. took LLCC classes while in high school (dual enrollment/dual credit).

- ☐ **Continuing college student** - I have attended LLCC or another post-secondary institution since earning a high school diploma or equivalent.

Application Deadline: March 2, 2015

Last Name

First Name

Middle Initial

Citizenship

Are you a U.S. citizen? ☐ YES ☐ NO

If no, have you been granted Resident Alien status?

☐ YES ☐ NO (Copy of Resident Alien Card must be attached to application.)

Residency

Your residency may affect your eligibility for a Foundation scholarship. Most scholarships require applicants reside in Lincoln Land Community College District #526. If you are uncertain about your residency, check the LLCC catalog, your property tax bill or voter's registration card for District #526. For questions about residency classification, please contact the Admissions, Records and Registration Office at 217-786-2290.

Are you a resident of LLCC District #526? ☐ YES ☐ NO

If you are not a resident of LLCC District 526, have you received a residency classification from LLCC's Admissions, Records and Registration? ☐ YES ☐ NO

If yes, what is your classification?

☐ Joint agreement ☐ Out-of-district

Employment

Are you currently employed? ☐ YES ☐ NO

If yes, please give employer name. _____

Date hired ____/____/____ Hours per week _____

Education

Name of high school (or home school) attended

Graduation (Month/Year)

GED program attended

Received (Month/Year)

Excluding LLCC, list any schools attended, training received or military service since earning a high school diploma or equivalent.

Enrollment

LLCC ID # (if applicable) _____

How many credit hours do you plan to take each semester at LLCC?

☐ 12+ hours ☐ 9 - 11 hours ☐ 6 - 8 hours ☐ 3 - 5 hours

Declaring/declared major with LLCC Admissions. _____

Expected term of completion at LLCC? _____
(Month/Year)

Last Name

First Name

Middle Initial

Specific Scholarship Criteria (complete if applicable)

Some LLCC Foundation scholarships have specific criteria required by the scholarship donor. In order to help us determine if you meet the requirements, check the following statements which are true and submit additional information if requested.

First-Time College Students ONLY

- ☐ I am affiliated with the Springfield Urban League. Submit proof of affiliation in a letter or recommendation from someone who works for the Springfield Urban League.
- ☐ I am a graduate of the Capital Area Career Center's Auto Technology Program.
- ☐ I am or will be a graduate of Hillsboro High School and plan to return to the Hillsboro area upon completion of my educational goals. Submit a brief paragraph about your plans to return to the Hillsboro area.
- ☐ I am a member or the dependent of a member of AFSCME Local #3653.

Member's name: _____ Relationship: _____

First-Time OR Continuing College Students

- ☐ I am ultimately seeking a Bachelor's degree in the field of broadcasting.
- ☐ I am a direct descendant (child or grandchild) of a current member of AARP Sangamon Chapter 195. Submit a copy of the Sangamon Chapter 195 membership card. National AARP card is not acceptable.

Member's name: _____ Relationship: _____

- ☐ I am a Marine veteran or child, brother, sister or grandchild of a Marine veteran. Submit proof of veteran's service such as a copy of discharge papers.

Veteran's name: _____ Relationship: _____

- ☐ I live in Springfield; I am or will be a graduate from a Sangamon County high school and I plan to major in Law Enforcement Administration.
 - a) One Recommendation form must be completed by an officer of the Springfield Police Department.
 - b) The second Recommendation form must be completed by a school administrator or faculty.

- ☐ I intend to pursue Music Education as a vocation.
- ☐ I am the first person in my immediate family to attend college.
- ☐ I am considered a person with special needs and have registered with LLCC's Accessibility Services.
- ☐ I am a firefighter with _____ Fire Department.
 - ☐ I am paid.
 - ☐ I am a volunteer.

- ☐ I am female and have experienced a break in my education. Before your current return to school, list the beginning and ending dates (month/year) of your break in education.

Month/Year: _____ Month/Year: _____

- ☐ I am a descendant of a current member of LLCC's Academy of Lifelong Learning (ALL).

Member's name: _____ Relationship: _____

- ☐ I have been accepted to the LLCC Associate Degree Nursing (ADN) Program.

Last Name

First Name

Middle Initial

☐ **I am a member or dependent of a member of AFSCME Local #805.**

Member's name: _____ Relationship: _____

Member's agency: _____

☐ **I am a member, spouse or dependent of a member of Plumbers and Steamfitters Local #137.**

Member's name: _____ Relationship: _____

Continuing College Students ONLY

☐ **I am a U.S. veteran.** *Submit proof of service such as a copy of discharge papers. If active in the National Guard or Reserves, provide a letter from your unit verifying honorable service.*

☐ **I am a member of the LLCC Veterans Club.**

☐ **I am majoring in Architecture and have completed 24 post-secondary credit hours.** *Submit a sample of your work.*

☐ **I am a female in the Hospitality/Culinary program with the goal of owning my own business.** *Submit a brief paragraph describing your business idea.*

☐ **I am majoring in a health-care program that provides direct medical care to individuals, and I am committed in my intent to practice in Illinois or a border state where Illinoisans go for primary health care.**

☐ **I am a second-year foreign language student who plans to use foreign language in my career.** *Submit a brief paragraph explaining how you will incorporate the language into your daily work.*

☐ **I live in Sangamon County and am a voting member or dependent of a voting member of the Sangamon County Farm Bureau.** *Submit a copy of the membership card.*

Member's name: _____

☐ **I am an LLCC Student Government Association member.**

☐ **I am an officer of an LLCC club.**

Club name: _____

Office held: _____

All students must acknowledge the following . . .

I certify that all information presented on this scholarship application is true and correct to the best of my knowledge. I understand that this information is subject to verification. **I give my consent** to Lincoln Land Community College or LLCC Foundation personnel, scholarship donors, and Scholarship Selection Committee members access to review all of my application materials in accordance with Federal Right to Privacy Act (FERPA) guidelines. **I understand** that only complete applications will be considered. If I am awarded a scholarship, I agree to allow my name, my image and relevant information to be released.

Signature of applicant: _____

Date: _____

LLCC Honors Program

The LLCC Honors Program provides unique educational experiences for academically superior students in order to challenge, educate and reward them at a level consistent with their intellectual needs and abilities. The Honors Program emphasizes critical thinking, student interaction, in-depth reading and discussion, smaller classes, special study facilities and contact with other high-ability students.

What does the LLCC Honors Program offer?

LLCC Honors Program students enjoy these benefits:

- **Individualized advising and priority registration.** Honors Program students receive advice about classes from the dedicated academic advisor for the Honors Program. Early registration is available.
- **Special Honors classes with smaller enrollments.** Honors classes generally have a maximum number of 15 students enrolled in the course.
- **Individualized study.** Students may convert a regularly scheduled section of a course into an Honors course by contracting with the instructor to broaden the scope of the course with specially designed projects or activities.
- **Academic mentors.** Mentors are LLCC faculty members or administrators. Students have a person to turn to with questions regarding their education.
- **Participation in decision making.** Honors Program students have a voice in the planning and direction of the Honors Program through membership in the Honors Program Council.
- **Honors Study Lounge.** A study lounge for the exclusive use of Honors Program students is equipped with computers and Internet access. The study lounge serves as a gathering place for Honors Program students to study, relax and socialize.
- **Transcript Recognition.** Each Honors course is distinguished with a “+” sign on the transcript. Transcripts of students who successfully complete the Honors Program are inscribed with the phrase “Honors Program: All requirements have been completed.”

Are scholarships available exclusively to Honors Program students?

LLCC Trustees’ Honors Program Scholarships are available to first-time college students who are accepted into the Honors Program. Honors Scholarships provide up to 60 credit hours of tuition. Applicants who are accepted into the Honors Program but do not receive the LLCC Trustees’ Honors Program Scholarship **will still be eligible for other LLCC Foundation scholarships.**

Last Name

First Name

Middle Initial

What are the requirements of the Honors Program?

To successfully complete the program, Honors Program students must:

- Maintain a 3.5 grade point average;
- Complete at least five Honors-designated courses totaling a minimum of 15 credit hours. One of these courses must be HUM 112 (Leadership Development); and
- Take at least one Honors-designated course each academic year.

Who is eligible to apply to the LLCC Honors Program?

- Students who have not attended a post-secondary institution (college, university or trade school) since earning a high school diploma or equivalent and have not completed any LLCC courses (including Dual Credit) during high school must have a minimum composite ACT score of 25.
- Students who have completed between 1 and 11 college credit hours (including Dual Credit courses completed during high school) must have a minimum composite ACT score of 25 and college grade point average of 3.5 or higher.
- Students who have attended LLCC or another post-secondary institution and have completed 12 or more credit hours must have a college grade point average of 3.5 or higher.

How do I apply to the Honors Program?

Applicants must read and complete all items and sign their name at the bottom of this section.

1. I meet the Honors Program eligibility requirements (*listed above*).
2. I have completed the LLCC Foundation Scholarship Application, including the Personal Statement.
3. I have written a 300-500 word essay describing my personal and career goals and explaining in what way participation in the Honors Program will help me reach those goals. (*Put your name on the essay page and title it "Honors Essay."*) Submit your Honors Essay and this signed page with your completed LLCC Foundation Scholarship Application.
4. I have had a high school or college instructor complete the two required recommendation forms.
5. (*First-time college students only*) My high school official has completed the certification form.
6. Applicants with more than 35 credit hours must include a proposed program of study with their application, demonstrating how they will complete all the requirements of the Honors Program.
7. **Have you been awarded an LLCC Tuition Waiver?** ☐ Yes ☐ No

If yes, list the name or type of waiver: _____

Signature _____ Date _____

Where can I get information about the LLCC Honors Program?

Tim Humphrey, Honors Program Director 217-786-2240 or 800-727-4161, extension 62240
Tim.Humphrey@LLCC.edu

LLCC Foundation Scholarship Recommendation

**2015
2016**

It is the responsibility of the applicant to submit the completed recommendation forms, or have each reference mail the recommendation form to the LLCC Foundation, P.O. Box 19256, Springfield, IL, 62794-9256 by March 2, 2015.

APPLICANT - Complete this section

Applicant's Last Name

Applicant's First Name

Middle Initial

Mailing Address

City, State, ZIP

Optional

I hereby waive my rights of access to this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974. By signing this statement you will not be allowed to have access to this form once it is submitted by the person supplying the recommendation.

Signature of Applicant

Date

REFERENCE - Complete this section

Please rate the applicant on the following characteristics:

| | Excellent | Above Average | Average | Below Average | Poor | Unknown |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Commitment to the academic program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Genuine interest in learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Commitment to excellence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Likelihood of academic success | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Commitment to community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please share your thoughts on the applicant's potential for academic and career/professional success:
(Use separate sheet, if necessary)

Signature

Date

Printed name

Position

Institution

Daytime phone

Application Deadline: March 2, 2015

LLCC Foundation Scholarship Recommendation

**2015
2016**

It is the responsibility of the applicant to submit the completed recommendation forms, or have each reference mail the recommendation form to the LLCC Foundation, P.O. Box 19256, Springfield, IL, 62794-9256 by March 2, 2015.

APPLICANT - Complete this section

Applicant's Last Name

Applicant's First Name

Middle Initial

Mailing Address

City, State, ZIP

Optional

I hereby waive my rights of access to this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974. By signing this statement you will not be allowed to have access to this form once it is submitted by the person supplying the recommendation.

Signature of Applicant

Date

REFERENCE - Complete this section

Please rate the applicant on the following characteristics:

| | Excellent | Above Average | Average | Below Average | Poor | Unknown |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Commitment to the academic program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Genuine interest in learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Commitment to excellence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Likelihood of academic success | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Commitment to community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please share your thoughts on the applicant's potential for academic and career/professional success:
(Use separate sheet, if necessary)

Signature

Date

Printed name

Position

Institution

Daytime phone

Application Deadline: March 2, 2015

LLCC Foundation Scholarship High School Certification

**2015
2016**

This form is required for all first-time college students.

Once you have completed the top section, give this form to your high school official to complete and submit. If you are a GED student, please submit a copy of your GED certificate and final test scores.

APPLICANT - Complete this section

Applicant's Last Name _____
Applicant's First Name _____
Middle Initial

Mailing Address

City, State, ZIP

HIGH SCHOOL OFFICIAL - Complete this section

Please complete and send with official high school transcript that includes at least six semesters to address below.

1. Cumulative high school grade point average of _____ is based on the following:

Check one: ☐ A = to 4.0 ☐ A = to 5.0 **Check one:** ☐ weighted ☐ unweighted

2. Class Rank _____ out of _____

3. ACT Scores:

English _____

Math _____

Reading _____

Science _____

Composite _____

Signature of high school official _____
H.S. official's phone number _____
Date

Printed name _____
Position

Please mail to:

LLCC Foundation, P.O. Box 19256, Springfield, IL, 62794-9256 by March 2, 2015.