



Justamere Foundation

Justamere Foundation Health Care Career Pathway Scholarship Application

Through the generosity of the Justamere Foundation, the LCCC Foundation is providing this scholarship opportunity for LCCC students to advance along a health care career pathway through noncredit and credit health care programs. A total of \$150,000 will be distributed among students meeting the following qualifications:

1. A resident of Lehigh, Carbon, or Schuylkill County.
2. Currently enrolled in or a graduate of an LCCC noncredit health care program (Nurse Aide, Phlebotomy, Pharmacy Technician, EKG Technician, EMT, and Medical Office Administrator) and wants to enroll in one of the following credit health care programs of study (Health Sciences A.S., Medical Assistant Certificate, and Practical Nursing Certificate, and /or Health Information Technology A.A.S.).
3. Currently enrolled in Health Science A.S. or another health care academic program and wants to take a noncredit job training course (see above) to earn an industry-recognized credential and meet short-term employment goals.

Scholarships awards:

For noncredit health care program graduates, scholarships can cover up to 90% of the cost of tuition and fees for the targeted credit programs. Scholarships may also be used for developmental courses as required.

Students currently enrolled in health care credit programs can receive noncredit health care job training scholarships for up to 90% of the cost of the class.

Scholarship Requirements and Conditions:

1. The applicant must meet with an Adviser to ensure that all program enrollment requirements are completed prior to applying for this scholarship.
2. Complete this application and submit it to the Coordinator/Recruiter with a completed noncredit course registration form.
3. Recipients must be in and maintain good academic standing.
4. Applicants must complete a FAFSA form.
5. Priority is given to individuals with financial need.
6. Students entering credit courses must have completed all requirements for enrollment including the LCCC application, placement testing, and advising before scholarship approval.
7. Your achievement will be reported to the Justamere Foundation, so you will be asked to share information on credentials received and employment obtained as a result of your participation in this program. If your contact information changes, please let the College know.
8. If awarded a scholarship, it is the student's responsibility to pay **10%** towards the cost of tuition, fees, and other educational costs.

Please print clearly or type:

Name: _____

LCCC L#: _____

Street Address: _____
City: State: Zip Code: _____
County: _____
Telephone Number: _____ Email: _____
What program are you currently enrolled in or have you completed? _____
What program are you planning on enrolling in? _____
What is your goal in participating in this program? _____
Why should you receive this scholarship? _____

***Amount of financial assistance received (other than through the Justamere grant):** _____

By checking this check box, I certify that the information I have provided is true and correct to the best of my knowledge. I hereby authorize Lehigh Carbon Community College to use the information provided on this application to determine my scholarship eligibility. I also authorize the use of my name and picture as a scholarship recipient in press releases and/or LCCC publications.

Student Signature: _____ **Date:** _____

Return this completed application and registration form to:

Attn: Jennifer A. Leach
4525 Education Park Drive
Schnecksville, PA 18078
Or email to jleach1@lccc.edu with "Justamere Scholarship" in the subject line.

Incomplete applications will not be reviewed. You will receive notice of award with additional instructions through email.

For LCCC Use Only

Foundation Semester(s) of Award: _____
Justamere Scholarship Award Amount: _____ Student Portion: _____
Program for Scholarship: _____

Job Training Non-Credit Healthcare Specialist or Dean Approval

Approved _____ Not Approved _____
Name: _____ Signature: _____ Date: _____

Academic Advisor Approval:

Approved _____ Not Approved _____
Name: _____ Signature: _____ Date: _____

Foundation Approval:

Approved _____ Not Approved _____
Name: _____ Signature: _____ Date: _____

Financial Aid-Final Step for credit _____ **Business Office for noncredit** _____