



**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.

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. Priority is given to individuals with financial need.
5. Students entering credit courses must have completed all requirements for enrollment including the LCCC application, placement testing, and advising before scholarship approval.
6. 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.
7. 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 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: Center for Workforce Development

4525 Education Park Drive

Schnecksville, PA 18078

Or email to [workforce@lccc.edu](mailto:workforce@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: \_\_\_\_\_

**Non-Credit Healthcare Specialist or Dean 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** \_\_\_\_\_