



Richard Schaadt Scholarship

For students in LCCC Nurse Aide Training Program with priority to those currently working in nursing homes or assisted living facilities

The Richard Schaadt Endowment Scholarship was established in his memory by his wife Nancy. As part of receiving the scholarship, students should send a thank you email to Nancy Schaadt. The LCCC Foundation will provide the email address directly to scholarship recipients.

Qualifications:

- Mandatory orientation with the Healthcare Coordinator
- High school diploma or GED preferred
- Priority consideration will be given to applicants who are currently working in a nursing home or assisted living facility.
- If working in one of these facilities, a recommendation letter is required from the applicant's supervisor
- Demonstrate financial need
- Available exclusively to non-credit students.

Contact Information: *Required – Please print clearly or type

*Date: _____

*First and Last Name: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Telephone Number: _____ *Email: _____

*Nurse Aide Program Anticipated Start Date: _____

*Do you work at a Nursing Home or Assisted Living Facility: _____ Yes _____ No

*If yes, what is the name of the Facility: _____

*Where you recommended by your Supervisor: _____ Yes _____ No

* Are you a First Generation Student: _____ Yes _____ No

*Are you experiencing Financial Hardship: _____ Yes _____ No

By checking this 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 grant eligibility.

Return the completed application to:
Lehigh Carbon Community College
Attn: Jennifer A. Leach
4525 Education Park Drive
Schnecksville, PA 18078
CSC 104C
Or
Jleach1@lccc.edu

Incomplete applications will not be reviewed.

For LCCC Use Only

Course Number and Section: _____ Start Date: _____

Approved Not Approved

Jennifer A. Leach, Job Training Healthcare Specialist

Signature: _____ Date: _____