



Justamere Foundation Health Care Career 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 through noncredit 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.
3. Must complete a Justamere Health Care Career Scholarship Application.
4. Priority is given to students with financial need.

Scholarships awards:

For noncredit health care program students or individuals referred by health care employers, scholarships can cover up to 25%, 75% or 90% of the cost of tuition and fees in developmental health care career courses based on household size and income. If awarded, the student is then responsible for the remaining balance of the course depending on the amount of their scholarship award per the breakdown below:

Scholarship amount: 90% the cost of course	Student responsibility: 10%
Scholarship amount: 75% the cost of course	Student responsibility: 25%
Scholarship amount: 25% the cost of course	Student responsibility: 75%

Scholarship Requirements and Conditions:

1. Complete this application and submit it to the Coordinator/Recruiter with a completed noncredit course registration form.
2. Recipients must be in and maintain good academic standing.
3. Priority is given to individuals with financial need.
4. Students must be enrolled in a noncredit health care program: Nurse Aid, Phlebotomy, Pharmacy Technician, EKG Technician, EMT, Medical Office Administrator.
5. 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.
6. **If awarded a scholarship, it is the student's responsibility to pay the remaining balance not covered by the scholarship award. This amount may be 10%, 25% or 75% of the course cost.**

Please print clearly or type:

Name: _____

LCCC L#: _____

Street Address: _____

City: State: Zip Code: _____

County: Lehigh Carbon Schuylkill

Telephone Number: _____ **Email:** _____

1. What program are you currently enrolled in or have you completed?

2. What is your goal in participating in this program?

3. 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:

The Center for Workforce Development

Attn: Justamere

4525 Education Park Drive

Schnecksville, PA 18078

Or email to workforce@lccc.edu with "Justamere Scholarship" in the subject line.

Incomplete applications will not be reviewed.

For LCCC Use Only

Semester(s) of Award:

Justamere Scholarship Award Amount:

Student Portion:

Program for Scholarship:

Job Training Coordinator Approval:

Approved Not Approved

Name:

Signature:

Date:

Dean of Workforce, Community Engagement and Technical 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

Income Verification Table

Indicate need based on annual income.
Please circle only one household size and one income verification amount.

Household size	Salary Verification				
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$20,650	<input type="checkbox"/> \$20,651 - \$34,450	<input type="checkbox"/> \$34,451 - \$41,340	<input type="checkbox"/> \$41,341 - \$55,100	<input type="checkbox"/> > \$55,101
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$23,600	<input type="checkbox"/> \$23,601 - \$39,350	<input type="checkbox"/> \$39,351 - \$47,220	<input type="checkbox"/> \$47,221 - \$62,950	<input type="checkbox"/> > \$62,951
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$26,550	<input type="checkbox"/> \$26,551 - \$44,250	<input type="checkbox"/> \$44,251 - \$53,100	<input type="checkbox"/> \$53,101 - \$70,800	<input type="checkbox"/> > \$70,801
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$29,500	<input type="checkbox"/> \$29,501 - \$49,150	<input type="checkbox"/> \$49,151 - \$58,980	<input type="checkbox"/> \$58,981 - \$78,650	<input type="checkbox"/> > \$78,651
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$31,900	<input type="checkbox"/> \$31,901 - \$53,100	<input type="checkbox"/> \$53,101 - \$63,720	<input type="checkbox"/> \$63,721 - \$84,950	<input type="checkbox"/> > \$84,951
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$34,250	<input type="checkbox"/> \$34,251 - \$57,050	<input type="checkbox"/> \$57,051 - \$68,460	<input type="checkbox"/> \$68,461 - \$91,250	<input type="checkbox"/> > \$91,251
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$36,600	<input type="checkbox"/> \$36,601 - \$60,950	<input type="checkbox"/> \$60,951 - \$73,140	<input type="checkbox"/> \$73,141 - \$97,550	<input type="checkbox"/> > \$97,551
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$38,950	<input type="checkbox"/> \$38,951 - 64,900	<input type="checkbox"/> \$64,901 - \$77,880	<input type="checkbox"/> \$77,881 - \$103,850	<input type="checkbox"/> > \$103,851

* This form prohibits discrimination on the basis of race, color, national origin, sex, age or disability.

** Total household income based on 185% poverty

*** Pennsylvania Department of Agriculture - www.pa.gov