

V-SERF APPLICATION



Name: _____ Date: _____

L Number: _____

Current Address: _____

Major: _____ Number of Credits this semester: _____

Total Number of credits completed towards certificate or degree: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Academic Goals: _____

Amount Requested: \$ _____ (\$1000 maximum)

Please provide details of why a one-time scholarship will provide the support needed to continue with your academic goals. Attach documentation verifying the circumstances of emergency.

We respectfully request if you are the recipient of the emergency funding that you provide a letter to the Lehigh Carbon Community College Foundation including a short overview of how the funding will make a difference in your educational pursuit. By signing this you are agreeing to provide the letter within 7-10 business days of receiving an email with your eligibility determination.

Student Name

Date

OFFICE USE ONLY:

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____