

LBC Scholarship Form

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email Address: _____

All members of household included in membership:

Adult 1: Name: _____ Age: _____

Adult 2: Name: _____ Age: _____

Child 1: Name: _____ Age: _____

Child 2: Name: _____ Age: _____

Child 3: Name: _____ Age: _____

Child 4: Name: _____ Age: _____

Type of Membership (circle):

Type:	Single	Single +1	Family	Senior Single	Senior +1	Student/Military
Fee:	\$105	\$135	\$180	\$90	\$105	\$90
Cost:	\$26.25	\$33.75	\$45	\$22.50	\$26.25	\$22.50

3 month membership: Beginning date: _____ End date: _____

Financial Need: (please mark all that apply)

- Participant in SELCC Food Pantry
- Recipient of free/reduced lunch
- Recipient of food assistance (SNAP)
- Recipient of Medicaid/Hawk-i
- None of the above (Please use the back to explain need for scholarship)

Cost: _____

Please pay by cash or by check made out to SELCC

Applicant Signature: _____

Office Use- Date Form Completed: _____ Paid: _____ Payment Method: _____