

## 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:	\$111	\$144	\$192	\$96	\$111	\$96
Cost:	\$27.75	\$36	\$48	\$24	\$27.75	\$24

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: \_\_\_\_\_ Payment of your portion (listed as 'cost' in above chart) is required to SELCC before scholarship can begin. Pay by cash (exact change only) or check. Or pay online using the 'donate' button at selinn.org. If paying online, please specify "LBC fee" in payment notes.**

Applicant Signature: \_\_\_\_\_

**Office Use-** Date Form Completed: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_