

2025 LBC Scholarship Form

Primary 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:	\$117	\$153	\$204	\$102	\$117	\$102
Cost:	\$29.25	\$38.25	\$51	\$25.50	\$29.25	\$25.50

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: _____ 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: _____