

Lorain County Alliance of



P.O. Box 745 • Lorain, Ohio 44052

LCABSE SCHOLARSHIP APPLICATION
2017-2018

This is a Common Application form for students in Lorain County.

APPLICATION DEADLINE: April 30, 2018

(Please type or print clearly)

A. Student Information

Name _____ Birth date _____
(Last) (First) (MI)

Home Address _____

City _____ State _____ Zip Code _____

Home phone () _____ Cell phone () _____
(Area code) (Area code)

High school you attend _____ Gender _____

Parent(s) Guardian(s) _____

Parent(s) Guardian(s) Contact phone number _____

Number of siblings living at home _____ Number of siblings in college _____

Were you honored at the 2018 LCABSE Award's Program? _____ Yes _____ No

If so, check applicable area(s): _____ Top 5% _____ Top 10%

_____ All A's _____ Honor Roll _____ Merit Roll

List honors or awards you have received. _____

List your community and school activities. Use additional paper if necessary.

Colleges you have applied to for the upcoming school year: _____

Colleges you have been accepted: _____

Anticipated major in college _____

B. *Statement of Annual Family Income or as reported on FAFSA (check one):

_____ Under \$10,000	_____ \$40,000 - \$50,000
_____ \$10,000 - \$20,000	_____ \$50,000 - \$60,000
_____ \$20,000 - \$30,000	_____ \$60,000 - \$70,000
_____ \$30,000 - \$40,000	_____ Over \$70,000

**Verification of income may be requested*

Estimated cost of attending college _____.

Parent signature as verification of income _____ Date _____

C. Letter of recommendation. Please attach a letter of recommendation from one of the following: professional school counselor, community leader, teacher, or clergy.

D. Essay. 300 words typed on a separate, full sheet of paper on the theme:

**ENGAGE, EDUCATE & EMPOWER:
THE TIME IS NOW!**

E. Official Transcript. The attached form should be completed by your school counselor and mailed to:

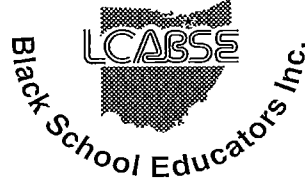
LCABSE
PO Box 745
Lorain, Ohio 44052

Sam Battle
Acting Scholarship Chair
battle.sam73@gmail.com
440 324 - 7806

Deadline: April 30, 2018

An Affiliate of the National Alliance of Black School Educators
Ohio Alliance of Black School Educators

Lorain County Alliance of



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LCABSE SCHOLARSHIP APPLICATION
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Transcript Request
And
Parental Release of Information

Name of student _____

High School _____

Counselor _____

Release of Information

I, the parent of _____ whose date

of birth is _____ authorize _____

(Name of high school)

to release a transcript of grades and test scores to the Lorain County Alliance of Black School Educators.

Signature of Parent/Guardian

Date

To the Counselor: Please complete the information below and mail with an official transcript to the following address:

LCABSE
PO Box 745
Lorain, Ohio 44052
Attention: Scholarship

Current Cumulative GPA on a 4.0 scale _____

Class Rank _____ Number of students/class _____

ACT Score _____ Composite SAT Score _____

(A copy of an official transcript is required)

Signature of Counselor

Date