



Ambassadors

SCHOLARSHIP APPLICATION 2008—2009

Applicant must be in good academic standing with the College, possess interpersonal skills and be committed to the College's mission.

PLEASE PROVIDE A COMPLETE APPLICATION PACKET TO INCLUDE:

- A one-page typed essay about you and why your participation would complement the Lawson State Ambassador Program.
- A letter of reference from your high school advisor/counselor, business supervisor or associate, pastor or friend.
- Official transcript from the Lawson State Office of Admission and Records.

SSN OR STUDENT ID _____ **TELEPHONE NUMBER** _____

NAME _____ **BIRTH DATE** _____
LAST FIRST M.I.

ADDRESS _____
STREET APT. NO.

CITY COUNTY STATE ZIP CODE

HIGH SCHOOL ATTENDED _____

HIGH SCHOOL ADDRESS _____

HIGH SCHOOL GRADUATION DATE _____ **GPA** _____

TYPE OF DIPLOMA

SELECT ONE OF THE FOLLOWING:

- STANDARD DIPLOMA ADVANCED DIPLOMA
 CERTIFICATE OCCUPATIONAL DIPLOMA DID NOT GRADUATE

COLLEGE(S) ATTENDED

NAME	CITY/STATE	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST COMMUNITY/ SCHOOL RELATED LEADERSHIP POSITIONS, CLUB MEMBERSHIP AND HONORS RECEIVED _____

Students who serve as Ambassadors for Lawson State Community College serve as adjunct personnel to the Office of Public Relations and Community Affairs.

VOLUNTEER EXPERIENCE _____

CURRENT EMPLOYMENT _____

PARENTS' NAME AND ADDRESS

FAMILY FINANCIAL NEED INFORMATION

(This section is **OPTIONAL**. It is included only because certain scholarships are awarded based on financial need.)

DO YOU PLAN TO APPLY FOR FEDERAL FINANCIAL AID? YES NO

FATHER'S OCCUPATION _____ **ANNUAL ESTIMATED SALARY** _____

MOTHER'S OCCUPATION _____ **ANNUAL ESTIMATED SALARY** _____

NUMBER OF YOUR PARENTS' DEPENDENTS _____

I, _____, grant permission to release information from my education and financial records to scholarship donors.

Student Signature

Date

RETURN TO :
OFFICE OF PUBLIC RELATIONS & COMMUNITY AFFAIRS
LAWSON STATE COMMUNITY COLLEGE
3060 WILSON ROAD
BIRMINGHAM, ALABAMA 35221

-FOR OFFICE USE ONLY-

Reviewed By Committee _____

Student GPA _____

Approved

Denied

Committee Member

Committee Member

Committee Member

Committee Member

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