



# Lakeland Area Counselors Association

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## 2016 Scholarship Application

One \$500 Scholarship, non-renewable

Deadline: April 4, 2016

### ELIGIBILITY REQUIREMENTS

1. U. S. Citizen or eligible non-citizen
2. Be a graduating high school senior from an Ashtabula, Lake or Geauga County High School with a current LACA member employed by the school district. (Check with your School Counselor.)
3. Minimum grade point average of 2.5 (on a 4.0 scale)
4. Will enroll in a Certificate Program, Technical/Vocational College, 2-year or 4-year institution in 2016-2017 academic school year.
5. If awarded the recipient must attend the April 26, 2016 LACA Meeting at Quail Hollow Country Club. (Non-attendance will result in the forfeiture of the scholarship.)

SELECTION CRITERIA: Qualified candidates will be judged on the following:

1. Evidence of involvement in community and school based activities and service
2. School Counselor recommendation (The Scholarship Selection Committee will solicit the School Counselor recommendation after the applicant has submitted all application materials)

### DOCUMENTATION

1. The Lakeland Area Counselors Association Scholarship Application completed and signed. All questions must be answered. Additional sheets may be added if the space provided is insufficient. No other documents will be considered.
2. A copy of the most recent transcript/report card. Unofficial transcripts are acceptable.

DEADLINE: The application and all documents must be received electronically no later than **April 4, 2016**.

Incomplete or late applications will not be considered.

**E-mail Application to:** [Lakelandareacounselors@gmail.com](mailto:Lakelandareacounselors@gmail.com)

**Only electronic applications sent to the LACA e-mail will be accepted!**



Guidelines for the Lakeland Area Counselors Association Scholarship:

1. Awarded scholarships are payable to the student. Monies can be used for, but are not limited to, incidental college expenses like dorm sheets, travel and personal items.
2. This scholarship is **non-need based** and should not replace need based aid awarded by the college/institution.
3. All decisions are final and not subject to additional review or appeal.

**PLEASE READ AND SIGN**

The Lakeland Area Counselors Association may contact my high school Guidance Office to solicit a recommendation to determine my eligibility for The Lakeland Area Counselors Association Scholarship.

The guidelines for this scholarship are listed above. By signing this application, the undersigned hereby acknowledges receipt of the guidelines and agrees to waive all personal claims, causes of action or damages against the Lakeland Area Counselors Association, its officers, members and associates thereof. In addition, the undersigned agrees to allow their name and photograph to be used for publicity purposes should they be awarded the Lakeland Area Counselors Association Scholarship.

My signature certifies that I have read, understand and agree to the terms and conditions of this application and that all information I have provided is correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(if student is under 18)