



# Health Science Wellness School Scholarship Application

## Section A: (to be completed by student – *Please Print*)

Full Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major: \_\_\_\_\_

Areas of scholarship interest (check all that apply):

- Dental Hygiene     Sonography     Paramedic     Exercise Science     Physical Education
- Fire Science     Health Information Technology     Nursing     Physical Therapy Assistant     Radiography
- Speech Language Pathology Assistant     Surgical Technology

- PLEASE REVIEW SCHOOL SPECIFIC SCHOLARSHIP CRITERIA -

- Intent to be a full-time student pursuing a career in a health related profession (Dental Hygiene, Emergency services, Exercise Science, Health Information Technology, Nursing, Physical Therapy Assistant, Radiography, Speech language pathology, Sonography or Surgical technology).
- Out of Wyoming state residency at time of admission
- Academic requirement: Completion with a 'C' or better in 4 science courses taken in high school OR 3 sciences and a Health Occupations course.
- HS GPA of 2.5
- Must file a FAFSA for the current academic year

## Section B: (to be completed by LCCC representative)

Student Status:  out of state     WUE

Semester:  Fall     Spring     Summer    Year: 20\_\_\_\_

Health Science Wellness School Award	\$ <u>500.00</u>
Total Tuition and Fees	\$ _____
FAFSA plus other non-loan assistance/Total grants and awards	\$ _____
Remaining tuition and fees	\$ _____
Total award	\$ _____

**Section C:**

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I understand that this offer is contingent upon meeting any requirements specified in the Health Science Wellness School scholarship guidelines. I understand that adjustments to the financial aid package may be necessary to comply with program requirements. This is a recommendation only and does not become final until the student receives an official award letter from the LCCC Financial Aid Office.

By signing this document, the signer/student indicates he/she has read and understands the terms and conditions of this scholarship.

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Student Signature

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LCCC Representative Signature

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School Dean's Signature

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Date