

LASALLE SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Student ID Number: _____

First Name: _____

Last Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Date of Birth: _____

Gender: _____

County of Residence: _____

Are you a US Citizen? _____

Ethnicity: _____

ACADEMIC INFORMATION

Program of Study: _____

Degree Pursuing: _____

Academic Status (Incoming Freshman, First Year, Second Year, Third Year Plus):

College or High School GPA (Using a 4.0 Scale): _____

Currently Enrolled: _____

College (SCC, SFCC): _____

Campus: _____

Enrollment Status (Full-Time, Part-Time, Other): _____

Have you graduated High School or earned a GED/High School Equivalency? _____

Have you completed 45 credits or more? _____

Living arrangements while attending CCS: _____

FINANCIAL INFORMATION

Have you completed a Free Application for Federal Student Aid (FAFSA)? _____

Please attach a photocopy of FAFSA or Student Aid Report.

The **Expected Family Contribution (EFC)** is calculated by information you provide on your Free Application for Federal Student Aid (FAFSA). It takes your income, assets, benefits, and family size all into consideration.

Expected Family Contribution: _____

ESSAYS (Attach to your application)

Why do you want to go to college, what do you expect to gain from earning a college degree and what action plan do you have in place to stay in school until completion? Be sure to include specific educational plans and career goals.

State any personal or family circumstances affecting your need for financial assistance.

Pick an experience from your own life and describe how it influenced your development and shaped who you are as a person.

What drew you to this career? Where do you see yourself in 5 years? Please include what hospital and what specialty.

I certify that all information I have provided on this form is true and complete to the best of my knowledge, I authorize the release of information on this application and other necessary academic information to the CCS Foundation, individual donors, and selection committees.

Signature: _____

Date: _____

DEADLINE: NOVEMBER 23, 2021

Email completed application and essays to:

Christine.degeare@ccs.spokane.edu

**Christine DeGeare
509-434-5123**