



# Ambassadors

## SCHOLARSHIP APPLICATION 2009—2010

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' NAMES 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**

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**-FOR OFFICE USE ONLY-**  
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Reviewed By Committee \_\_\_\_\_

Student GPA \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

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