

THE ADAH LAMBORN SCHOLARSHIP FOUNDATION, INC.
P.O. BOX 2259
ASHTABULA, OHIO 44005-2259

The Adah Lamborn Scholarship Foundation, Inc., is offering full two and four year scholarships for selected high school seniors of Ashtabula, Lake or Trumbull counties, Ohio who are pursuing a career in the nursing field.

Criteria:

1. Residents of Ashtabula, Lake or Trumbull counties are eligible to apply.
2. Applicant must be:
 - A graduating high school senior enrolled full-time at an accredited 2 or 4 year college/university pursuing a degree in nursing.

Selection Based on:

The selection committee is seeking to award well-rounded students who can demonstrate their dedication and commitment to pursuing a nursing career and **WHO DEMONSTRATE A FINANCIAL NEED.**

Documentation:

1. Adah Lamborn Scholarship application completed and signed. You may attach additional sheets of paper if the space provided is insufficient. No other information will be considered.
2. Copy of a current official transcript.
3. Current Official Financial Aid Award letter from the college you will be attending.
4. Two letters of recommendation from persons, not family members, who can provide information about the candidate's motivation, potential, strengths, and personal character.

Deadline:

Documentation must be received by **May 1, 2022.** All questions must be completed. Any late applications will not be considered.

Send to: Adah Lamborn Scholarship Foundations, Inc., Attn: Scholarship Committee, P.O. Box 2259, Ashtabula, Ohio 44005-2259. Please direct questions to Adah Lamborn Scholarship Foundation, Inc. President, Bret J. Cimorell, 440-992-6067.

ADAH LAMBORN SCHOLARSHIP FOUNDATION, INC. APPLICATION

PERSONAL INFORMATION: (Please type or print)

Name: _____ Last 4 digits of SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____

Email address: _____

PLEASE READ AND SIGN

The Adah Lamborn Scholarship Foundation, Inc. may use, transmit, or receive information from this application and my high school, college, or university transcript to determine my eligibility for its Scholarship.

The guidelines for the Adah Lamborn Scholarship are attached to this application. 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 Adah Lamborn Scholarship Foundation, Inc., including its board members, officers and associates thereof. In addition, the undersigned agrees to allow their name to be used for publicity purposes should they be awarded an Adah Lamborn Scholarship.

I agree to notify the Adah Lamborn Scholarship Foundation, Inc. in the event that I receive additional scholarships or financial assistance.. I understand this may make me ineligible to receive the award.

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: _____

Your completed application packet should contain:

- Completed all pages (2-5) and signed application
 - Copy of current official transcript
- Copy of an official Financial Aid Award letter
 - Two letters of recommendation

DEADLINE: May 1, 2022

Print your first name only: _____ Last four digits of your SSN: _____

Please tell us about your college and career aspirations:

FINANCIAL INFORMATION:

Do you live with your parents? _____ Are you a dependent of your parents? _____

If yes, please circle: marital status of parents: Single Married Separated Divorced Remarried

Total number of dependent children of parents: _____

Gross Annual Income:

Father \$ _____
Mother \$ _____
Applicant \$ _____

Number of siblings in college in 2022-2023: _____

Explain any special circumstances or unusual expenses the scholarship committee should know in considering you for this scholarship:

Print your first name only: _____ Last four digits of your SSN: _____

EXTRA-CURRICULAR ACTIVITIES: List significant activities you have engaged in and awards you have received during your high school/college years including school activities (for example: music, athletics, clubs, theatre, publications, student government) and out-of-school activities:

Activity	Special honors or offices held	Years of Participation

COMMUNITY SERVICE ACTIVITIES: List all volunteer activities you were actively involved in. Provide an explanation of what you did and approximately how much time this involved.

Organization Name	Service Performed	Time (hrs. per day/wk/mo)

Where have you been employed during high school?

Where	Type of Work	Dates (month/yr.)	Hours per Week

Print your first name only: _____ Last four digits of your SSN: _____

How do you plan to finance your college education? _____

List any scholarships/grants that you have applied for and the amounts, if known, that you will receive during the 2022-2023 academic year.

Name of school currently attending: _____

Cumulative GPA: _____

Name of institution of higher education you will be attending in the 2022-2023 academic year:
