

Lassen Community College

Kai M. Jonas Memorial Scholarship Application

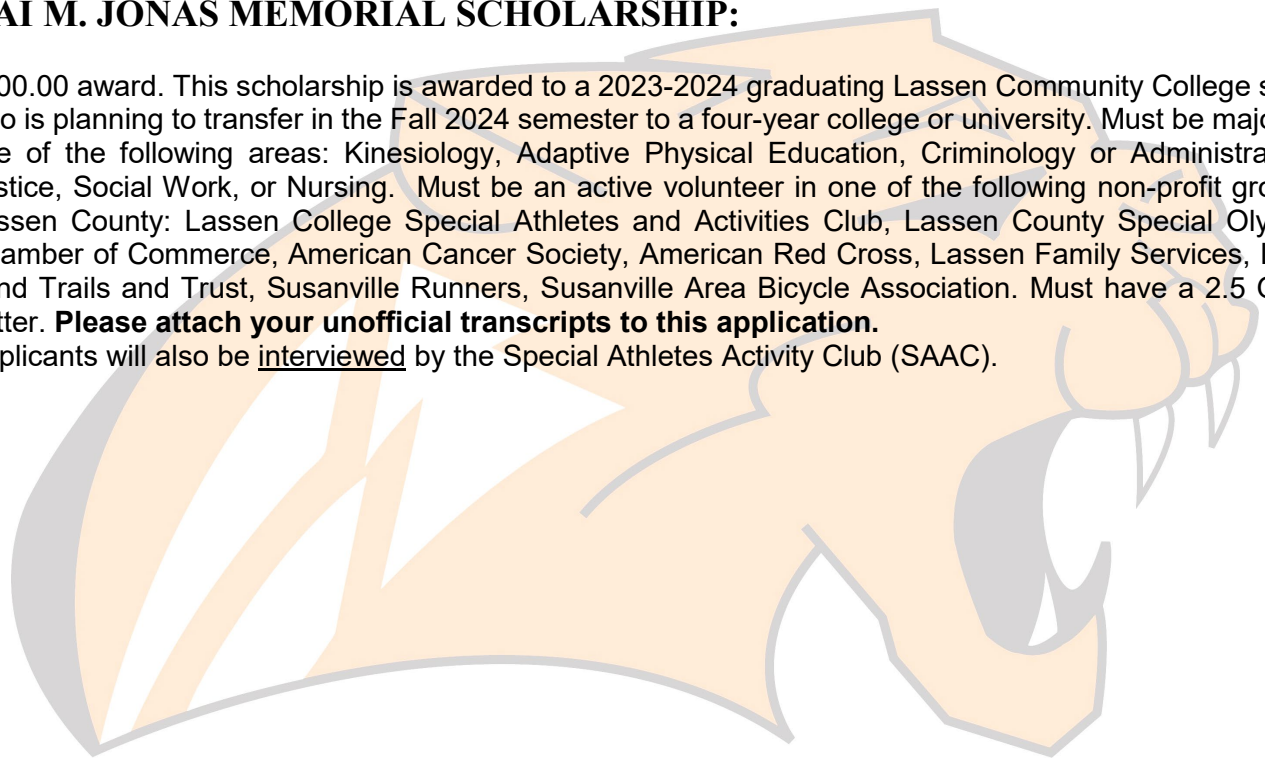
**THE SCHOLARSHIP APPLICATION ATTACHED IS TO BE USED UNLESS OTHERWISE NOTED
AND IS DUE IN THE FINANCIAL AID OFFICE BY Friday, APRIL 12th 2024 AT 4:00PM**

LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

KAI M. JONAS MEMORIAL SCHOLARSHIP:

\$600.00 award. This scholarship is awarded to a 2023-2024 graduating Lassen Community College student who is planning to transfer in the Fall 2024 semester to a four-year college or university. Must be majoring in one of the following areas: Kinesiology, Adaptive Physical Education, Criminology or Administration of Justice, Social Work, or Nursing. Must be an active volunteer in one of the following non-profit groups in Lassen County: Lassen College Special Athletes and Activities Club, Lassen County Special Olympics, Chamber of Commerce, American Cancer Society, American Red Cross, Lassen Family Services, Lassen Land Trails and Trust, Susanville Runners, Susanville Area Bicycle Association. Must have a 2.5 GPA or better. **Please attach your unofficial transcripts to this application.**

Applicants will also be interviewed by the Special Athletes Activity Club (SAAC).



You are applying for a scholarship provided by a Lassen Community College organization or other organizations from the community. Submit your **complete** application form, Statement of Educational Purpose, and three Recommendation Forms to the Financial Aid Office by **APRIL 12th, 2024**. In your Statement of Educational Purpose explain why you should receive the scholarship for which you are applying. Please keep the statement brief, no more than **two typed page** double-spaced. The statement should include all information you feel will help us make a decision such as long range goals, employment, community service, service organizations, athletics and educational plans. **DO NOT INCLUDE ANY REFERENCE TO AGE, SEX, OR RACE** (Unless applicable to the scholarship for which you are applying)

NAME _____

STUDENT I.D. # _____

ADDRESS _____

City

State

Zip

TELEPHONE _____ **GPA** _____

What school are you attending next year? _____

What field of study are you pursuing? _____

What date will you complete your AA/AS? _____ BA/BS? _____

LIST ANY ACADEMIC / PERSONAL / ATHLETIC HONORS WON

Release of Information Statement: (Must check one)

____ I authorize Lassen Community College to release my name to the local press and at the Annual Awards Ceremony should I be the recipient of one or more of the scholarships or awards I have applied for on this application.

____ I **DO NOT** authorize Lassen Community College to release my name to the local press and at the Annual Awards Ceremony should I be the recipient of one or more of the scholarships or awards I have applied for on this application.

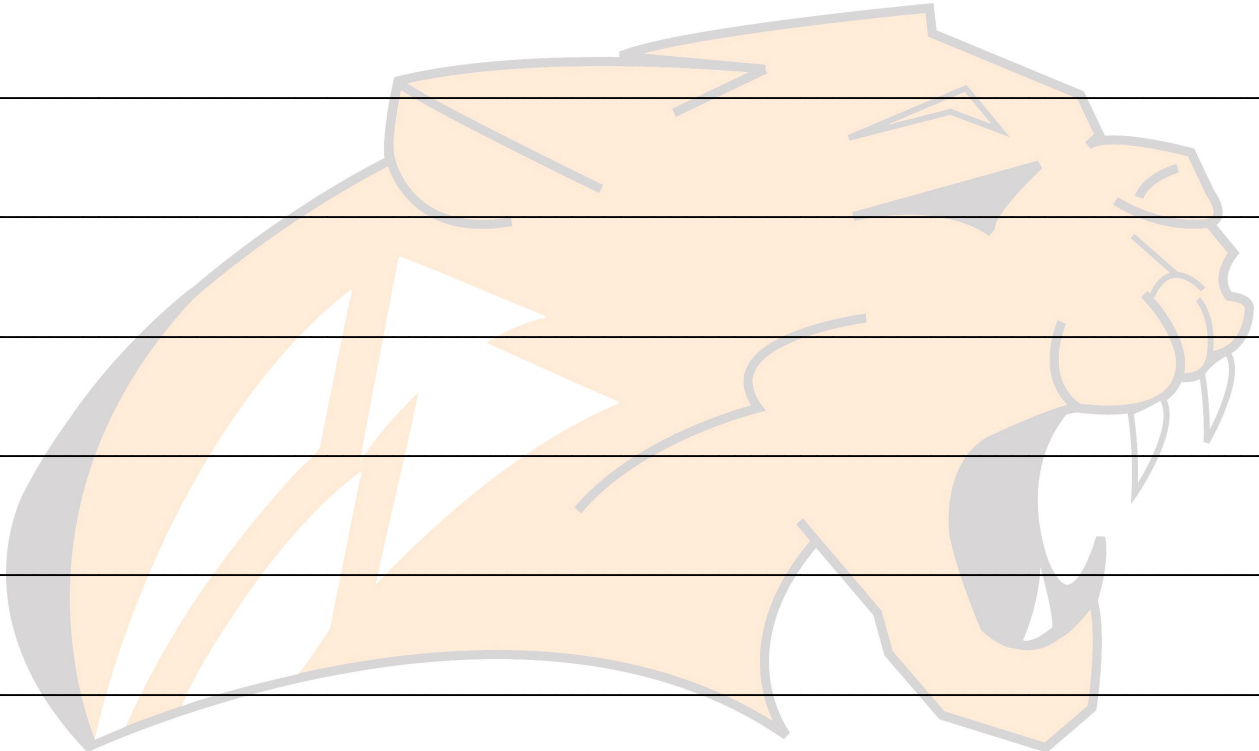
In addition, I give the screening committee permission to review my academic records.

Signature _____

Date _____

STATEMENT OF EDUCATIONAL PURPOSE

The space below is to be used to provide information that will be reviewed in considering you for the scholarships or awards given by Lassen Community College. Please give special attention to your academic achievements, co-curricular achievements, academic and career goals, and/or leadership abilities.



LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

STUDENT'S
NAME _____

LAST

FIRST

MIDDLE

Student ID Number _____ TELEPHONE _____

Check how you would rate this applicant's academic skills:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Academic Achievement				
2. Academic Potential				

Check how you would rate this applicant's characteristics:

	STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
1. Has Positive Self Image				
2. Demonstrates Leadership				
3. Is a Self Starter				
4. Is Motivated				
5. Has Potential for Growth				

Comments: _____

Form Completed By:

Name _____
School/Organization _____

Position _____
Telephone _____

LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

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LASSEN COMMUNITY COLLEGE

SCHOLARSHIP

RECOMMENDATION FORM

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