University of Missouri – Saint Louis
Community College President’s Scholarship

The “Community College President’s Scholarship” is awarded jointly by the Presidents of the participating St. Louis–area community college campuses and the University of Missouri – Saint Louis. The community colleges choose three nominees from their institution for this scholarship.

What the Scholarship Covers

- Tuition and mandatory fees for up to 15 credit hours in each of the fall and spring semesters
- Up to 5 credit hours in one summer
- May be received up to two years, not to exceed 60 credit hours

Eligibility Requirements for Nominees

- Must have a cumulative college-level GPA of 3.50 on a 4.0 scale.
- Must have earned an Associate in Arts (A.A.), Associates in Arts in Teaching (A.A.T.), or an Associates of Science (A.S.), or have applied for graduation for one of these degrees.
- Must have received the associate degree prior to beginning courses at UMSL.
- Must submit application to L&C. L&C will choose the top three applicants to be nominees for the scholarship. The three nominees’ applications are sent to UMSL. UMSL will choose one of these nominees as their L&C Community College President’s Scholarship recipient.

Application Timeline

<table>
<thead>
<tr>
<th>Fall Transfers:</th>
<th>November 11- March 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open application period at L&amp;C</td>
</tr>
<tr>
<td></td>
<td>Deadline for Application submission</td>
</tr>
<tr>
<td>March 1</td>
<td></td>
</tr>
<tr>
<td>Spring Transfers:</td>
<td>August 20 – October 1</td>
</tr>
<tr>
<td></td>
<td>Open application period at L&amp;C</td>
</tr>
<tr>
<td></td>
<td>Deadline for Application submission</td>
</tr>
<tr>
<td>October 1</td>
<td></td>
</tr>
</tbody>
</table>

Application Submission

Lewis and Clark Community College
Financial Aid Services
Baldwin Hall - Room 1450
5800 Godfrey Road
Godfrey, IL  62035
(618) 468-2223

Contact for Questions

Renée Bauer, LCPC
Counselor and Scholarship Committee Chairperson
Student Development & Counseling Services
Caldwell Hall – Room 2320
(618) 468-4125

Updated: 11/2017
Community College ID: _______________________________      UMSL ID: (if applicable) _______________________________

Name ____________________________________________________________

(Last Name) (First Name) (MI)

Address __________________________________________________________

(Street) (City) (State) (Zip)

Contact Number (____) __________________________ Email: _______________________________

Current GPA: __________________________ Total Credit Hours Completed: _______________________________

Expect to earn an associate degree of ____________________________________________ in _______________

(Month) (Year)

Plan to transfer to: ____________________________________________ in _______________

(Month) (Year)

Use additional pages to complete the following sections 1 through 3: Answers to each section must be on a separate sheet of paper; one section per page. Number and label each section, and include your name. Use type no smaller than 10 point. Do not include any information that you would not want released publicly.

1. Essay Question: In 300-500 words, describe why you should be selected as a Community College President’s Scholarship recipient.

2. Community Activities: Using numbers and bullets rather than paragraph form, please list any activities in which you have participated in this last year. Activities can include, but are not limited to: volunteer groups, humanitarian groups, academic groups, etc. You may include leadership positions held and time with this organization or activity.

3. Honors and Award: Using numbers and bullets rather than paragraph form, please list any awards or special recommendations you have received while enrolled at your current institution(s):

Please provide one (1) letter of recommendation: Reference should not be a family member. References should be any third party, such as a professional, educational, or religious acquaintance.

__________________________________________   __________________________
Student Signature                     Date

__________________________________________   __________________________
Name of Authorizing Official (Print)      Signature of Authorizing Official

For Office Use Only: (Please select the school the student is currently attending.)

East Central _____    Jeff Co _____    Mineral Area _____    LCCC _____    SWIC _____    SCCC _____

STLCC-FV _____    STLCC-FP _____    STLCC-MC _____    STLCCC-WW _____