



## 2026 Scholarship Application

Application Deadline: Monday **March 23, 2026, by 12Noon**

Name:

Email address:

Mobile Phone:

Home Phone:

Street Address:

PROGRAM (Major):

Expected date of graduation:

List all required courses you have completed that apply to your Associates Degree:

List the courses & number of credits you plan to take to complete your degree:

SPRING:

SUMMER:

FALL:

PLEASE PROVIDE THE FOLLOWING:

- Copy of your Official Student Academic Transcript related to your Associate Degree. Transcripts from other institutions—only if those courses apply to your current degree.
- A one-page essay describing yourself and your future goals and plans (see below).

*I certify that I am eligible for this scholarship, and that I have completed at least 30 credits toward an Associate degree and am enrolled in one of the eligible programs: Nursing, Medical Office Management, Respiratory Care, Physical Therapy Assistant, or Human Services at CT State Norwalk, and that I currently have a 3.0 GPA or better.*

*If I am granted an award or scholarship, I agree to allow any publicity which may be generated from this award. I have not previously received a scholarship or award from Lifetime Learners Institute.*

Applicant signature:

Date submitted:

**TO SUBMIT:** Complete the application form, save it, and return completed application and transcript by email to: [LifetimeLearners.Scholarship@yahoo.com](mailto:LifetimeLearners.Scholarship@yahoo.com)

Or: Mail or deliver paper application to:

**Lifetime Learners at CT State Norwalk, Room E107**, 188 Richards Ave, Norwalk, CT 06854

**NOTE:** All materials must be submitted to LLI by the deadline listed above. Late submissions will not be accepted. Applications are evaluated in the order in which they were received, so **we encourage you to submit your application ahead of the deadline.**



**LLI at CT State Scholarship Application - Personal Essay**

Please write a one-page personal essay (500 words maximum, you may use a separate attachment) describing yourself and your future goals and plans. This may include information about how you became interested in your program, work related to that program, volunteer work, obstacles to your career and/or financial need.

**NAME:**

**Program:**

*(Nursing, Medical Office Management, Respiratory Care, Physical Therapy Assistant, or Human Services)*