**Scholarship/Award Application**

**Lifetime Learners Institute at CT State Community College Norwalk**

188 Richards Ave, Room W102, Norwalk, CT 06854 203-857-3330 ***www.Lifetimelearners.org***



**Application Deadline: March 18, 2024**

**NAME**: \_\_ **STUDENT ID#** \_\_

Email address: \_\_

Mobile Phone: \_\_ Home Phone: \_\_

Street Address \_\_
PROGRAM (major): \_\_

Expected date of graduation from CSCCN: \_\_\_\_

List all required courses you have completed specifically for your Associate 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 Student Academic Transcript related to your Associate Degree
* Transcripts from other institutions (if any) whose courses apply to your 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,
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**

Or:Mail or deliver paper application to:**Lifetime Learners at CSCCN, Room W102,** 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.



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**LLI at CSCCN 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, related work, obstacles to your career, volunteer work and/or financial need.

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program: \_\_**

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

**Lifetime Learners Institute at CT State Community College Norwalk: *Lifetimelearners.org***