



**Lanier Technical College
Foundation**

TONY AND KATHY REID MEMORIAL SCHOLARSHIP APPLICATION

Complete this application and return it to the Financial Aid Office

1) NAME: _____
Last First Middle

2) ADDRESS: _____
Street City State County Zip

3) SOCIAL SECURITY NUMBER: _____ 4) _____ MALE _____ FEMALE

5) PHONE NUMBER: _____ 6) DATE OF BIRTH: _____

7) MARITAL STATUS: _____ SINGLE _____ MARRIED* _____ DIVORCED _____ WIDOWED

*If you are married or have dependents answer both (a) and (b) below:

a) Total size of your household-include yourself; spouse, dependent children, and other dependents:

b) How many people in item (a) will be attending a post-secondary educational institution this school year? _____

8) CITIZENSHIP STATUS:

_____ U.S. Citizen
_____ Permanent Resident
_____ Alien/Refugee
_____ Other-specify:

9) STUDENT TYPE:

_____ Currently enrolled at Lanier Technical College,
Forsyth Campus, for _____ quarter (1st, 2nd, 3rd, 4th)
_____ Former Lanier Technical College student
_____ Transfer student
_____ New to Lanier Technical College
what quarter do you plan to enroll? _____

10) Living Arrangements while attending Lanier Technical College:

_____ live with parents
_____ live with other relatives
_____ live in house _____ apartment

11) Are you employed? _____ yes _____ no
if yes, list employer _____

12) What program of study have you applied for at Lanier Technical College? _____

13) Have you applied for any of the following:

_____ Hope Grant/Scholarship
_____ Pell Grant
_____ WIA
_____ VA Benefits

14) Did your parents claim you as an income tax exemption on their most recent income tax return?
_____yes _____no

15) Are you in default on any student loan? _____yes _____no

16) Do you owe a refund on a Pell Grant? _____yes _____no

17) Attach two personal references (required).

18) Attach an essay defining goals and explaining why you should be considered.

19) You may attach a written statement explaining any special circumstances you feel should be considered on your behalf for a Lanier Technical College Foundation Scholarship.

I affirm the above information I have furnished is accurate and complete.

I authorize the release of information concerning my education assistance income and personal income to The Lanier Technical College Foundation Scholarship Selection Committee.

Date

Applicant's Signature

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FOR OFFICE USE ONLY

Date Application Received _____

Date Application Reviewed _____

Approved _____ Denied _____

Amount Approved: _____ Fall qtr _____ Spring qtr
_____ Winter qtr _____ Summer qtr

Comments:

Lanier Technical College Foundation Scholarship Committee:

Signature

Signature

Signature

Signature