



CUYAHOGA VALLEY CAREER CENTER LOZICK FAMILY FOUNDATION SCHOLARSHIP ADULT EDUCATION

Attached is the application for the Lozick Family Foundation Scholarship for Adult Education students enrolled in Machining Technology courses at Cuyahoga Valley Career Center or other post-secondary manufacturing training programs. Scholarships will provide up to 50% of the tuition and fees. These funds provide assistance for the post-secondary workforce training program's tuition, book, and supply expenses. The scholarship funds will be paid directly to the post-secondary training institution.

The Lozick Family Foundation Scholarship will be awarded upon consideration of these criteria:

- *Enrollment in adult education manufacturing programs*
- *Must be in satisfactory financial standing at CVCC or other post-secondary training institution*
- *Maintain satisfactory academic progress and attendance while enrolled*

Each applicant is to provide:

1. The completed application
2. Documentation of any required program pre-requisites
3. A personal statement describing how this scholarship will assist you in the completion of a post-secondary education workforce program
4. Proof of enrollment in eligible post-secondary manufacturing program

Application Submission:

Application may be turned into the Adult Education Office to Claudette Knestrick, Student Support Services.

Deadline for Submission: *Rolling Submission*

The CVCC Lozick Family Foundation Scholarship will be awarded based upon the applicant's acceptance and enrollment in one of the above listed post-secondary programs at Cuyahoga Valley Career Center or other post-secondary manufacturing training program. No eligible student shall exceed the maximum of 50% of the cost of tuition and fees.



**CUYAHOGA VALLEY CAREER CENTER
LOZICK FAMILY FOUNDATION SCHOLARSHIP
ADULT EDUCATION APPLICATION**

Name: _____
Please Print: First Name Middle Initial Last Name

Home Address: _____
 Street Address City State Zip Code

Telephone # () _____

Email Address: _____

CVCC Program _____ Program Start Date _____

Signature of Applicant _____ Date _____

Your signature above authorizes members of the CVCC Scholarship Committee to review your application and any applicable student records.

Personal Statement: How will this scholarship assist you in the completion of a post-secondary education workforce program?
