



**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?
