



Continuing Education Scholarship Application

Applicant Information (all fields are required):

Name

Address

City State Zip Code

email Lane Student ID (L#)

Date of birth Ethnicity

Home Phone Cell Phone

Course of Study

This application is for (mark all that apply):

☐ Check Box

Continuing Education Shining Star Scholarship of \$250

☐ Check Box

Cougill Continuing Ed Health Scholarship of \$500

Note that the Cougill scholarship is open only to students in the following health-related courses: Massage Therapy, Nursing Assistant, Pharmacy Technician, Phlebotomy or Sterile Processing

Explain your career aspirations and your educational plan to meet these goals. (Answer may be no more than 150 words)

Describe a challenge or obstacle you faced in the last ten years. What did you learn about yourself from that experience? (Answer may be no more than 150 words)

Describe a personal accomplishment and the strengths and skills you used to achieve it. (Answer may be no more than 150 words)

Explain how you have helped your family or made your community a better place to live. Please provide specific examples. (Answer may be no more than 150 words)