



# Black River Audubon Society LCCC Scholarship

## Student Application

### Applicant Information

Please complete application, attach all required documentation and send to Black River Audubon Society, P.O. Box 33, Elyria, OH 44036 by April 1, 2024.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a resident of Lorain County? YES NO

I have attached documentation that shows that I have earned at least 24 college level credit hours. YES NO

(Documents must be attached to application upon submission)

What 4-year degree in the field of conservation do you intend to complete? \_\_\_\_\_

What is your current Major: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Current GPA: \_\_\_\_\_

(Please attach an official transcript to application)

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Area of study: \_\_\_\_\_

## References

*Two letters of professional recommendation are required. Please list references below and have letters sent to Black River Audubon Society, P.O. Box 33, Elyria, OH 44036*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Personal Experience

Describe your experience of participating in environmental activities or other forms of community involvement:

Describe your career goals relating to conservation:

In a few words, describe your financial situation.

What would this scholarship mean to you?

\_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that if I am selected for this scholarship, funds will be released directly to the college that I will be attending the Fall semester of contiguous year and only upon submitting proof of enrollment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_