



The Edna A. Noblin Scholarship

The Dawsonville Lions Club provides scholarships to deserving students who are residents of **Dawson** or **Lumpkin** counties needing financial assistance. These funds may supplement federal and state grants, and may be used for costs associated with educational expenses incurred during the period awarded. Applications should be submitted prior to the beginning of the semester by the deadline date.

Criteria and Selection Process

Eligibility Criteria & Application Process

- Applicants must complete and submit the Lanier Tech College Foundation Application & the Edna A. Noblin Budget Worksheet.
- Applicants must reside in Dawson or Lumpkin County.
- Applicants must be in good academic standing in accordance within college guidelines.
- Applicants must submit a letter of recommendation. (From instructor or responsible community member capable of reporting applicant's work record, leadership and notable skills).
- Applicants must submit a letter explaining the need for financial assistance.

Selection Process

- The Lanier Technical College Foundation Office will submit applications based upon their normal review procedure, evaluation of The Edna A. Noblin Scholarship criteria, and the applicant's academic record if applicable.
- The Edna A. Noblin committee of North Georgia will select final recipients.

Award Information

- Scholarships will be placed as credits for tuition and books and available to students per semester.
- Award notifications will be emailed to students at their Lanier Tech student email account from a member of the Foundation Office.
- Students who withdraw from Lanier Technical College before the end of the semester funds are awarded, must re-pay the full amount received back to The Lanier Technical College Foundation to be put back into the Edna A. Noblin Scholarship fund.

***Applications submitted without all requested documentation will not be reviewed by the Committee.**

DOCUMENTATION NEEDED FOR SCHOLARSHIP:

- completed scholarship application**
- brief statement from applicant explaining need for financial assistance**
- letter of endorsement from instructor, employer, or community member**
- completed budget worksheet**



LANIER TECHNICAL COLLEGE FOUNDATION SCHOLARSHIP APPLICATION

Complete this application and return it to the Foundation Office

STUDENT ID # _____ STUDENT EMAIL ADDRESS: _____

NAME: _____

First

Middle Initial

Last

ADDRESS: _____

Street

City

State

Zip

COUNTY IN WHICH YOU RESIDE: _____ PHONE NUMBER: _____

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? _____

Are you a single parent with children under the age of 18? _____

CITIZENSHIP STATUS:

_____ U.S. Citizen

_____ Permanent Resident

_____ Alien/Refugee

_____ Other-specify: _____

STUDENT TYPE:

_____ new to Lanier Technical College

_____ returning Lanier Technical College student

PROGRAM OF STUDY:

_____ degree _____ diploma _____ certificate

CAMPUS ATTENDING: _____

EXPECTED GRADUATION DATE: _____

HIGH SCHOOL YOU ATTENDED: _____

Name

City

State

ARE YOU A VETERAN? _____ yes _____ no

OR AN IMMEDIATE FAMILY MEMBER (SPOUSE, CHILD OR STEP-CHILD) OF A VETERAN? _____

(If so, please provide relationship to veteran, veteran's full name, branch of service and dates of service: _____)

(may be ask to provide DD 214 form)

While attending Lanier Technical College, do you:

_____ live with parents

Did your parents claim you as a dependent on their most recent income tax return? _____ yes _____ no

_____ live with other relatives

_____ rent house/apartment or _____ own house/apartment

Are you employed? _____ yes _____ no If yes, list employer _____

and address _____

Have you previously obtained a college diploma or degree? _____

Have you applied for or do you receive any of the following:

- _____ Hope Grant/Hope Scholarship
- _____ Pell Grant
- _____ WIOA (Workforce Innovation & Opportunity Act)
- _____ SIWDG (Strategic Industries Workforce Development Grant)
- _____ VA Benefits

Are you in default on any student loan? _____yes _____no

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

Do you have an outstanding Bagwell Family Foundation loan? _____yes _____no

Which semester are you applying for aid? Fall Spring Summer (circle one)

ATTACH ALL DOCUMENTATION REQUIRED (statement of need and letter of endorsement)

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

I affirm the above information and supporting documents I have furnished are accurate and complete.

Date

Applicant's Signature

=====

FOR FOUNDATION OFFICE USE ONLY

Eligible for the following Scholarships:

- _____ Altrusa _____ Otwell Auto Tech _____ Dollars for Scholars _____ Edna Noblin _____ Gene Haas
- _____ Ivey _____ Hartfiel _____ Mark Kazanjian _____ Kosmala _____ Kubota _____ Herbert Lang
- _____ Shirley Lipscomb _____ Magnus HVAC _____ Roy C. Moore _____ Gunny Moore
- _____ Puckett Foundation _____ Quick Memorial _____ Tony & Kathy Reid _____ Bill Sanders
- _____ Sawnee EMC – MMO _____ Sawnee EMC - Veterans _____ Special Populations _____ United Way

Amount Awarded: _____ **Scholarship Fund:** _____ **Date:** _____

By the Lanier Technical College Foundation Scholarship Committee:

Signature

Signature

Signature

Signature

EDNA A. NOBLIN
MONTHLY BUDGET WORKSHEET

Student Name: _____

Number in Household: _____

Family Monthly Income:

Wages: Full-Time _____

Part-Time _____

Unemployment _____

Food Stamps _____

Social Security _____

Child Support _____

WIA _____

Pell Grant _____

Other Income _____

**Total Monthly
Income:** _____

Family Monthly Expenses:

Rent or House Payment _____

Water Bill _____

Heat/Gas Bill _____

Electricity Bill _____

Phone Bill _____

Car Payment _____

Car Insurance _____

Auto Expenses _____

Child Care _____

Clothing _____

Food _____

Other _____

**Total Monthly
Expenses:** _____

Signature

Date