



Continuing Education Scholarship Application

Applicant Information (all fields are required):

Name _____

Address _____

City _____ Zip Code _____ State _____

Email _____ Lane Student ID (L#) _____

Date of Birth _____ Ethnicity _____

Home Phone _____ Cell Phone _____

Course of Study _____

This application is for (mark all that apply):

- 2nd Year Massage Students Scholarship**

- Massage Program Scholarship**

- Katrina Weaver Nursing Assistant Scholarship**

(YOU MAY WANT TO WRITE THESE ANSWERS ON A SEPARATE SHEET OF PAPER)

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

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

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