



**BURLINGTON  
COUNTY COLLEGE**

*Foundation*

## **SCHOLARSHIP DESCRIPTION**

- SCHOLARSHIP TITLE:** Lauren Rose Albert Foundation Book Fund
- PURPOSE:** To provide financial assistance to purchase course-required textbooks for single parents attending Burlington County College, with preference given to low-income, employed single mothers.
- SOURCE OF FUNDING:** Lauren Rose Albert Foundation.
- AMOUNT OF AWARD:** \$250 per semester,  
for a maximum of \$500 per year, per student.
- APPLICATION AND  
ELIGIBILITY CRITERIA:**
- SPECIAL NOTE:** **These applications may be submitted at any time to the  
Foundation Office**

***All applicants for this scholarship must...***

- Have completed a FAFSA application for the current academic year;
- Be a head-of-household parent attending Burlington County College, with preference given to low-income employed single mothers;
- Demonstrate financial need;
- Be registered and in good academic standing at BCC;
- Must complete and sign the application below, and submit with required essay.

*The Lauren Rose Albert Foundation Book Fund  
is supported by contributions from the Lauren Rose Albert Foundation*

# Lauren Rose Albert Foundation Book Fund – Application for Support

The Lauren Rose Albert Foundation Book Fund provides financial assistance to purchase course-required textbooks for students who are single parents with financial need. Award recipients receive a book voucher with a maximum limit of \$250 for the semester. The voucher will be valid at the College Bookstore for textbook purchases only. Award recipients can reapply each semester provided that the student remains in good standing with the College, and continues to meet the award criteria.”

## Selection Criteria:

Applicant must be a single custodial parent.

Priority shall be given to applicants who are:

- Employed individuals
- Head-of-household mothers

Applicant must have completed a Free Application for Federal Student Aid (FAFSA) for the current academic year.

Incomplete applications will not be considered

## 1. PERSONAL INFORMATION (PRINT OR TYPE)

Name (Ms. Mr. Mrs.): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Street Address/PO Box #/Apt # \_\_\_\_\_

Home/cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. FAMILY AND FINANCIAL INFORMATION

*Names of Children:* \_\_\_\_\_ *Age:* \_\_\_\_\_ *Does this child live with you?*

Yes  No

Yes  No

Yes  No

Yes  No

Are you employed?  Yes  No Employer: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you the sole support of your household?  Yes  No If “no,” what is the total family household income? \$ \_\_\_\_\_

How many family members reside in your household? \_\_\_\_\_

Are you a current or former LRAF Book Fund grant recipient?  Yes  No

## 3. ACADEMIC INFORMATION

Date enrolled at college: \_\_\_\_\_  Part-Time  Full-Time  Degree  Certificate

Major Course of Study: \_\_\_\_\_

Total (college) Credits Completed to Date: \_\_\_\_\_

Number of Credits for which you are applying for support: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Anticipated semester / year of graduation: \_\_\_\_\_

## 4. PERSONAL STATEMENT OF NEED

Please submit on a separate sheet of paper a typed essay describing your educational and career goals and how this scholarship award from the Lauren Rose Albert Foundation will help you achieve your goals. By signing below, I authorize my college’s Financial Aid Office to release the following information to the Lauren Rose Albert Foundation Book Fund Committee: my current academic transcript, and my proof of financial need. I further authorize my college’s Financial Aid Office to provide updated information required to renew this scholarship. Finally, I authorize my college’s Financial Aid Office to release my name and address to the Lauren Rose Albert Foundation only upon notification that I have been selected to receive this scholarship

Name (print): \_\_\_\_\_

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