

Charles E. Schell Foundation Student Loan Application

		I	Lakeland ID Number (LID)	0	0					
Last Name: First Name:										
	chell Foundation, Fifth Third B tion that may otherwise be una									
 Citizens of citizens of Between t Loyal to t Honest, up 	f Student candidates for the log of Ohio, Kentucky, West Virging such states he ages of 18 and 25 he United States and its institutoright, intelligent and of practions a minimum 2.0 GPA on a 4.	nia, or actions, in cal appe	djoining states, with parent	s of	mode	rate r	near	ıs who) are	
Students) Repaymen The loan v	n: It of this loan will begin 30 day or the end of the semester in w it will not exceed 10 years. Will be interest-free throughout he above qualifications and as	thich the	e loan was disbursed (all ot	ther s	studer	nts).			lemy	
Printed Name:										
Address:										
	_			_	Zi	p:				
Date of Birth:		GP	A:	_						
am requesting \$ for the		r the	e			semester.				
A separate applic	ation is required for each seme	ester yo	u request funds.							
By Fax:	Complete t	this appl	ication and return:*							
By Mail: By <u>Secure Upload</u> :	Lakeland Community College Visit lakelandcc.edu/financialaid	•	 7700 Clocktower Drive Kirtland, OH 44094-519 Under RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland logic credentials required) 							
In Person:	Lakeland Student Service Center	* '								

^{*}Please do not send documents through email as it is not a secure format.

I need these funds from the Charles E. Schell Foundation for the following reason(s):							
-							
-							
Please explain h	ow you plan to repa	y this loan:					
			ue. I understand that any information that is false at in full will be due immediately.				
Student's Signatur	re:		Date:				
		For Office Use Onl	Jy				
GPA:	Semester:		Amount: \$_				
Approved:							
Reason(s):							