

**Continuing Education Department**

**101 W 10th Ave, Eugene, OR 97401**

**Scholarship Application**

Applicant Information (all fields are required):

Name

Address

City State Zip Code

Email Lane Student ID (L#)

Date of Birth Ethnicity

Home Phone Cell Phone

Course of Study

Circle a term: Summer-Fall-Winter-Spring Date of application

This application is for (mark all that apply):

 **Continuing Education Shining Star Scholarship $300**

 **Nursing Assistant Scholarship $400 (limited availability)**

 **Licensed Massage Therapy Scholarship $300**

**(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)