

## Linn County Extension Association Legacy Scholarship Application

### LCEA Legacy Scholarship Application Packet

Linn County Extension Association offers two (2) Legacy Scholarships of \$1,000 annually. This LCEA Legacy Scholarship is based on residency in the geographical areas served by Linn County Extension, the applicant's financial need, GPA of 2.75 or higher, involvement in 4-H or other Extension programs, community involvement and/or work experience. This scholarship is paid directly to the college or university in the student's name as part of the tuition.

The following qualifications must be met by the applicant:

- Applicant must be a resident of area served by Linn County Extension for a minimum of twelve (12) months prior to application.
- Applicant must graduate from high school in the current school year or a previous year; possess high school equivalent or G.E.D. certificate, high school completion/examination certificate (home schooled), or diploma. There is no age requirement.
- Preference is given to applicants active, or who have been actively involved, in Extension programs, such as the Linn County 4-H youth program, Master Gardener, or an equivalent activity deemed appropriate by the scholarship committee.
- High school applicant must have a minimum GPA of 2.75 to qualify (transcript must be included).
- Applicant must complete and submit the Linn County Extension Association application packet (form included).
- Applicant must include a cover letter (1 page maximum) outlining/explaining the request for a scholarship.
- Applicant must include two (2) letters of recommendation (teachers, advisors, 4-H leaders, employer, pastor, etc., addressed to Linn County Extension Services.
- Letter(s) of acceptance from college(s) or universities must be included and if accepted at multiple schools, please note which one would receive the scholarship money if you are selected. Repeat applicants do not need a letter of acceptance unless transferring to a different college/university.
- Applicant **must** include statement of financial need (form included).

Scholarship may be renewable for up to four years. Applicant must reapply each new scholastic year (letters of recommendation are not needed for returning applicants, but transcripts showing academic progress must be included).

Two LCEA Legacy Scholarships will be available annually in the sum of \$1,000. Preference will be given to applicants who will, or are, attending Oregon colleges. Scholarship Committee may interview qualified first-time applicants. Photocopies of this application are acceptable. Application deadline is June 1st of current school year.

Return application to: OSU Extension Service – Linn County,  
33630 McFarland Rd, Tangent OR 97389

# Linn County Extension Association Legacy Scholarship Application Form

Name: Last, First, Middle

Home Address

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Resident of area served by OSU Linn County Extension Service since (month/year):

Name of High School: \_\_\_\_\_  
(If home schooled or tutored enter "home" or "tutored")

Address of High School: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Applicant's High School GPA: College GPA (if applicable): \_\_\_\_\_  
(Please attach transcripts.) (Include certified periodic achievement test scores if home schooled.)

Name of College Attending: Year(s) in College: \_\_\_\_\_

College(s) applicant is applying to (indicate if accepted):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Applicants who are awarded an LCEA Legacy scholarship agree to allow the use of their photo to publicize scholarship activities in all media. Initial here \_\_\_\_\_

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

**Linn County Extension Association Legacy Scholarship  
Statement of Financial Need**

Name of College/University you plan to attend: \_\_\_\_\_

College/University Address: \_\_\_\_\_

**Expenses:**

**Annual cost of:**

1. Tuition \$ \_\_\_\_\_
2. Books \$ \_\_\_\_\_
3. Room and Board \$ \_\_\_\_\_
4. Transportation \$ \_\_\_\_\_
5. Health Care \$ \_\_\_\_\_
6. Other \$ \_\_\_\_\_
7. Subtotal (add lines 1-6) \$ \_\_\_\_\_

**Funding:**

8. Loans/Grants \$ \_\_\_\_\_
9. Employment \$ \_\_\_\_\_
10. Savings \$ \_\_\_\_\_
11. Other scholarships \$ \_\_\_\_\_
12. Other available funds \$ \_\_\_\_\_
13. Subtotal (add lines 9-12) \$ \_\_\_\_\_

**Explanation of additional need:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Explanation is mandatory, application will not be considered without it.)*

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