The Cleveland-Cliffs Energy and Workforce Development Scholarship



Funded by the Cleveland-Cliffs Foundation





1).	What is your intended major?				
2).	Date of Application				
3).	Applicant's NameFirst	Middle	Last		
4).	Date of Birth				
5).	Social Security Number				
6).	Home Mailing Address				
7).	Home Telephone Number				
8).	Date of High School Graduation				
	High School GPA	ACT/SAT So	ore		
	High School Name	High	School Program	_	
	Counselor's Name	Date	<u> </u>	_	
9).	Are you, or will you, be receiving any other scholarships that will pay for college tuition?				
	YES	NO			
10).	Which Campus is, or will be, your home-based Campus?				
	Logan Williamson	Boone/Lincoln	Wyoming/McDowell		
11).	Are your parents or other relatives employed by YES	by Cleveland-Cliffs? NO			
	If yes, what are their names and their relations	ship to you?			

In order to receive the scholarship for the second semester, you must complete a full compliment of courses during the first semester and maintain at least a 2.5 GPA.





Please read and sign:

Community College Foundation to verify all information contained in this application. Any institution, agency, or individual may release this information to the College and Foundation for verification purposes. I understand the College and Foundation may release this information for verification and/or publicity purposes. It is my responsibility to inform the Financial Aid Office staff of any scholarship, grant, or waiver received by me.					
Student's Signature	Date				
Please provide a brief statement concern scholarship:	ning your background and your college plans an	d why you should receive this			