

# 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 mothers with financial need. Award recipients receive a book voucher with a maximum limit of \$250 for the fall semester, and \$250 for the spring semester provided that the student remains in good standing with the College and continues to meet the award criteria. The voucher will be valid at the College Bookstore for textbook purchases only. Award recipients are encouraged to reapply each year.

**Selection Criteria:**

- Applicant must be a single custodial parent
- Priority given to head of household mothers who are employed
- Demonstrated financial need
- Incomplete applications will not be considered
- GCC students must attach a copy of unofficial transcript with application

**1. Personal Information** (Print or Type)

Name \_\_\_\_\_ GCC Student ID# A \_\_\_\_\_  
Street Address / PO Box \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**2. Family and Financial Information**

E-Mail (please print) \_\_\_\_\_

Name and ages of children: \_\_\_\_\_ Do your children live with you? Yes No

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Are you employed? Yes No Place of Employment: \_\_\_\_\_

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

Are you the sole support of your household? Yes No If No, what is the total household income? \_\_\_\_\_

Are you eligible for TANF Yes No Do you currently receive TANF assistance? Yes No

Are you eligible for a PELL Grant Yes No

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

### 3. Academic Information

Date enrolled at college: \_\_\_\_\_ Part Time Full Time  
Major course of study: \_\_\_\_\_ Degree Certificate  
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 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.

### Applicant Waiver

I authorize the Financial Aid Office and/or Foundation Office to release all necessary information (academic transcript, etc.) to any scholarship committee selecting recipients. I further authorize these offices to provide updated information necessary to renew this scholarship.

I also authorize my college's Financial Aid Office or Foundation Office to release my name and address to the Lauren Rose Albert Foundation upon my notification of scholarship selection.

Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

*The Lauren Rose Albert Book Fund is supported by contributions from the Lauren Rose Albert Foundation to the Gloucester County College Foundation.*