

Scholarship/Waiver Request Form

Name: _____ LC State ID#: _____

Request for Semester/Year: _____ Amount: _____

- Complete, sign and submit this form
- Include a typed and signed letter of explanation
- Attach any supporting documentation

Reason for Request:

- Reinstatement: Missed the acceptance deadline for your scholarship or waiver offer
- Extension: Need additional semester(s) added to your initial scholarship offer
- Late Evaluation: Missed the March 1 Priority Deadline to be offered a scholarship or waiver
- In-State Merit Based Scholarship Out-of-State Scholarship
- Additional Funds: Seeking additional scholarship funds

*****Approval of Request is based on funds availability and is not guaranteed.*****

Signature (Digital signatures only accepted if submitted via LCMail)

Date

Mail/Drop Off: Financial Aid Office
Reid Centennial Hall
Room 110
Lewis-Clark State College
500 8th Avenue
Lewiston, ID 83501

Fax to: (208) 792-2063

Email to: scholarships@lcsc.edu

FA21CSRF