

Name: _____

Lakeland ID Number: _____

Phone #: (_____) _____

Lakeland Student Email Address: _____

Term of enrollment in certificate program courses (select one)

Summer _____(Year) Fall _____(Year) Spring _____(Year)

Eligible Certificates. Select one certificate program below.

Health Technology Certificates

- | | |
|---|--|
| <input type="checkbox"/> Administrative Medical Office Assistant* | <input type="checkbox"/> EMT – Paramedic* |
| <input type="checkbox"/> Electrocardiography (EKG) | <input type="checkbox"/> Phlebotomy* |
| <input type="checkbox"/> EMT – Basic | <input type="checkbox"/> State Tested Nursing Assistant (STNA) |
| <input type="checkbox"/> Computed Tomography (CT) | <input type="checkbox"/> Dental Assisting* |

Engineering (Welding) Certificates

- | | |
|---|--|
| <input type="checkbox"/> Welding Fabrication I | <input type="checkbox"/> FCAW (Flux Cored) Welding |
| <input type="checkbox"/> GMAW (MIG/MAG) Welding | <input type="checkbox"/> GTAW (TIG) Welding |
| <input type="checkbox"/> Pipe Welding | <input type="checkbox"/> SMAW (Stick) Welding |

IT Specialist Certificates

- | | |
|---|---|
| <input type="checkbox"/> IT Specialist - IT Support Focus | <input type="checkbox"/> IT Specialist - Custom Focus |
| <input type="checkbox"/> IT Specialist - Data Analytics Focus | <input type="checkbox"/> IT Specialist - Project Management Focus |
| <input type="checkbox"/> IT Specialist - Operating Systems/Networking Focus | |

Business Management (Real Estate) Certificates

- | | |
|--|---|
| <input type="checkbox"/> Ohio Real Estate Broker | <input type="checkbox"/> Ohio Real Estate Salesperson |
|--|---|

Non-Credit Program

- Basic Police Academy

*Must be accepted into certificate program prior to submitting this application.

If the certificate program selected above is not the program of study listed in your Degree Tracker, by signing this form, you agree to have your program of study updated to correspond with your Short-Term Certificate Grant Application.

CERTIFICATION: I certify that all statements made in this application are true, complete, and accurate to the best of my knowledge.

By checking the box and signing below, you are certifying that you have financial need for this grant.

Signature _____

Date _____

Electronic Signatures will not be accepted.

Complete this form and return:

By Fax: 440.525.7704

By Mail: Lakeland Community College Financial Aid Office 7700 Clocktower Drive Kirtland, OH 44094-5198

By [Secure Upload:](https://lakelandcc.edu/financialaid) Visit lakelandcc.edu/financialaid (Under RelatedLINKS)

In Person: Lakeland's Student Service Center located in Building A-1003

Questions can be directed to Lakeland's Financial Aid Office at 440.525.7070 or finaid@lakelandcc.edu.