

APPLICANT # _____

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**APPLICATION FOR LOUISIANA
ALUMNI & FRIENDS ASSOCIATION SCHOLARSHIP**

NAME _____ PHONE NUMBER _____

ADDRESS _____ DATE OF BIRTH _____

PARENTS/GUARDIANS:

MOTHER _____

FATHER _____

LIST FAMILY MEMBERS WHO ARE GRADUATES OF LHS _____

The Louisiana Alumni & Friends Association Scholarship is applicable to all LHS students who are planning any form of higher education in any field. If awarded the scholarship must be used within one year of graduation.

- **All students who are in the top 50% of their class are encouraged to apply.**
- **Applications are due April 1st** to LHS Guidance Counselor or mailed to:
Louisiana Alumni Association, Attn: Scholarship, PO Box 404, Louisiana, MO 63353
- **Since financial need is a consideration you must provide a copy of your FAFSA Student Aid Report (SAR) with your EFC (Expected Family Contribution)**

Check the appropriate blank that indicates the gross annual income for your family and state the number of dependents in your family.

Make sure you include gross income from BOTH parents.

_____ Under \$20,000 _____ \$40,001 - \$50,000

_____ \$20,001 - \$30,000 _____ \$50,001 - \$60,000

_____ \$30,001 - \$40,000 _____ Over \$60,000

Number of people dependent on the above income _____

Number of family members currently attending college _____

EDUCATIONAL BACKGROUND (check those that apply)

GRADE POINT AVERAGE _____ ACT Score _____ Student Rank _____ out of _____

Grades attended at LHS: 9th _____ 10th _____ 11th _____ 12th _____

Course of Study: College Preparatory _____ Career-Tech _____

List courses completed during Junior and Senior years:

Junior Year

Senior Year

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list all scholarships/grants (Pell, SEOG...) that you have already received, the amount, and if a continuing scholarship or a "one-time" scholarship.

<u>NAME OF SCHOLARSHIP</u>	<u>AMOUNT</u>	<u>CONTINUING OR 1 TIME</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT. It is important that the student be aware that they will be evaluated on grammar, spelling, clarity of written communication, as well as content.

EXTRACURRICULAR ACTIVITIES

List the school activities you have participated in and the offices you held.

List any out-of-school activities in which you have participated. Include activities such as Freedom Forum, Boys State, Girls State, leadership conferences, other church or civic organization sponsored awards.

WORK ACTIVITIES

List any employment you have had during your high school years. List approximate number of hours worked per week.

LOUISIANA ALUMNI & FRIENDS ASSOCIATION SCHOLARSHIP

TEACHER RECOMMENDATION PAGE

Applicant's Name _____

Dear LHS Teacher,

The above student is applying for a scholarship and we would like your input. Please, consider grades, of course, study skills and conduct. Please check the following scale for this student and give this page to the LHS Guidance Counselor. Thank you for your assistance.

Extremely high recommendation _____

High recommendation _____

Moderate recommendation _____

No recommendation _____

Comments:

Teacher signature _____

Course(s): _____

Students: This page should be duplicated to give to **at least 5** of your past/present teachers.