LOUISIANA SHERIFFS' SCHOLARSHIP PROGRAM Louisiana Sheriffs' Honorary Membership Program's Undergraduate Educational Scholarship Application (Please type or print)

Completed Scholarship Applications must be returned <u>directly</u> to the local <u>Sheriff's Office</u> no later than <u>April 1st</u>.

| Applicant's Name | |
|---|-----------------|
| Area Code and Phone Number | |
| Mailing address | |
| Number & Street | City and State |
| Zip Code | Parish |
| Home address | |
| Number & Street | City and State |
| Zip Code | Parish |
| Social Security Number | |
| High School attended | |
| Name | City and Parish |
| Cumulative Grade-Point Average | ACT Score |
| Anticipated Date of Graduation: Month and Date | Year |
| What college, university or other institution of higher learning will applicant attend in the fall? | |
| What will be the applicant's anticipated major field of study while attending college? | |
| | |
| What are applicant's present career plans? | |
| | A SAY |
| Is applicant currently receiving, or will receive, other aid or scholarships? | |
| Explain | |
| | |

INFORMATION ABOUT APPLICANT'S FAMILY: Father or Guardian (Full name) Mailing Address (number & street, city & state, zip code) _____ Nature of Employment_ Place of Employment Mother (Full name, include maiden name) Mailing Address (number & street, city & state, zip code) ___ Nature of Employment____ Place of Employment How many children are dependent upon the family for support?_ Has either parent served in the U.S. Armed Forces? Yes_____ No_____ Branch_____ In the space below, list any scholarship and /or honorary awards that applicant has received during his/her high school career. Also include any student activities/organizations of which he/she is a member. In the space below, briefly explain to the best of applicant's ability, the reason he/she is applying for this scholarship and how receipt of this scholarship will better enable him/her to reach his/her career goals. All of the information contained is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date