

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

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

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? _____

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.

Date _____

Applicant's Signature _____