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 March 19.

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 l	earning will applicant attend in the fall?	
What will be the applicant's anticipated major field o	of study while attending college?	
What are applicant's present career plans?		-14-1
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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.

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