

# **Louisiana Association of School Administrators of Federally Assisted Programs**

## *Scholarship Application*

### Purpose

The purpose of this scholarship program is to provide a one-time award of \$1,000 to eight high school seniors who will be attending their first year of college. Recipients will be selected from public high schools throughout Louisiana.

### Selection Process

Recipients of the LASAFAP scholarship award will be selected by the LASAFAP Scholarship Committee

### Selection Criteria

Winners of the LASAFAP scholarship will be selected based upon the following criteria:

- Official high school transcript from fall semester 2021 (20 points)
- Extracurricular activities/leadership roles within the community or church (20 points)
- Three letters of recommendation – one each from the candidate’s principal, a previous or current teacher, and one from a community representative (30 points)
- Financial need as described in a one page double-spaced narrative (20 points)
- A one page essay outlining the candidate’s future goals and ambitions (10 points)

### Application Deadline

**The student’s application and companion forms must be received at the following address by March 1, 2022:**

LASAFAP Scholarship Committee  
ATTN: Reginald Dodd  
6732 Ellis Circle  
Shreveport, Louisiana 71119

## Scholarship Payment

The scholarship will be made in full payable to the student. It is the responsibility of each scholarship recipient to present verification of enrollment and a tuition invoice from the institution to the Scholarship Chairperson. The scholarship will be disbursed when the chairperson receives the required above mentioned documentation.



**Part I - LASAFAP Scholarship Application – Personal Information  
To be Completed by the Scholarship Applicant**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

School District/Parish \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ agree all components of my scholarship application information may be electronically submitted for review and evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

A completed LASAFAP Scholarship Application Form must have the following attachments:

- Part I** LASAFAP Scholarship Application For-Personal Information
- Part II** Official high school transcript from fall 2021 semester
- Part III** Summary of extracurricular activities/leadership roles within the community and/or church
- Part IV** Three letters of recommendation
  - One from the school principal on school letterhead
  - One from a previous or current teacher on school letterhead
  - One from a community representative
- Part V** Financial need as described in one-page, double-spaced narrative
- Part VI** A one-page personal typed narrative written by the applicant explaining why he/she should receive the scholarship and outlining the candidate's future goals and ambitions