



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 2019 (20 points)
- Extracurricular activities/leadership roles within the community and/or church (20 points)
- Three letters of recommendation – one each from the candidate's principal (or assistant principal), a previous or current teacher, and one from a community representative (30 points)
- A one page essay outlining the candidate's future goals and ambitions (10 points)
- Financial need as described in a one page double-spaced narrative (20 points)

Scholarship Payment

The scholarship will be made in full payable to the student. It is the responsibility of each scholarship recipient to submit an official college/university schedule and a tuition invoice/fee bill with a \$0 balance from the institution to the scholarship chairperson. The scholarship chairperson will submit the required documents to the organizations' treasurer and president for review and approval. The scholarship will be disbursed when the president and treasurer approve the required documentation.

Application Deadline

The student's application and companion forms must be postmarked and received at the following address by January 10, 2020:

LASAFAP Scholarship Committee
ATTN: Peggy Marcel, Chairperson
Terrebonne Parish School System
7573 Park Avenue
Houma, Louisiana 70364

If you have any questions, please contact Peggy Marcel at peggymarcel@tpsd.org.



Part I - LASAFAP Scholarship Application Form – Personal Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Cellular _____

Email Address _____

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 Form – Personal Information
- Part II** Official high school transcript from fall semester 2019
- 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 or assistant principal on school letterhead
 - One from a previous or current teacher on school letterhead
 - One from a community representative
- 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
- Part V** Financial need as described in one page double-spaced narrative