

**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 1<sup>st</sup>.**

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