

2017 LCAAA 4-H Scholarship Application (Due May 19, 2017)

(Please type)

Date: _____ Male _____ Female _____

Name: _____

Home Address: _____ Zip _____

Home Phone Number: _____ Date of Birth _____

Email Address: _____ Age on 01/01/17 _____

Father's Name & Address: _____

Is your Father Living? _____ Yes _____ No Father's Occupation _____

Mother's Name & Address: _____

Is your Mother Living? _____ Yes _____ No Mother's Occupation _____

Place of Residence (Please Check One)

Farm (If selected, please provide the number farm acres)

Central city with population over 50,000

Suburb of city with population over 50,000

Town or city with population between 10,000 – 50,000

Town with population under 10,000 or Open Country

Will you enroll at one of Louisiana's Colleges this fall? _____ Yes _____ No

What major do you plan to pursue? _____ Yes _____ No

Statement by Scholarship Applicant:

I have personally prepared this report and certify that it accurately reflects my work:

Signature of Applicant

Date

We have reviewed this report and believe it to be correct:

Signature of Parent

Date

_____ Please check if parent(s) or grandparent(s) are LCAAA member(s) (either active or life members)

SECTION A: LEADERSHIP (40%)

1. Please list your major 4-H projects, including the number of years involved:

2. Please list the major 4-H awards you have received :

Year	Type of Award	For What Received	Level
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3. Please list the major 4-H offices you have held (please indicate at what level – club, parish, district, state, etc)

4. Please list, in chronological order your 4-H citizenship or community service experiences. Include things that contributed to the welfare of your club, other individuals, and community. Indicate the size and scope of what you did.

5. Please list any citizenship and/or leadership experiences you have had other than those associated with 4-H

SECTION B: NEED (20%)

Please explain your need for financial assistance. Describe how you would use this scholarship and your plans for meeting this financial need

SECTION C: GRADE POINT AVERAGE (40%)

Please provide the name and address of your high school:

Please provide your grade point average and test scores

Current Grade Point Average (GPA) _____

National Testing Scores (if available)

ACT score _____

Date Tested _____

SAT scores _____
(Verbal) (Math)

Date Tested: _____

PLEASE NOTE: If you are selected to receive the LCAAA scholarship you MUST maintain at least a 2.0 GPA during your first semester (quarter) in order to receive the \$500 cash award,