



Scholarship Application Form

PERSONAL DATA

Name _____

Address _____

City, State & Zip _____

Phone _____ Date of Birth _____

Age _____ Social Security Number _____

Email Address _____

EDUCATION

High School _____

City & State _____ Current Grade _____

College (if applicable) _____

City & State _____

College Major _____

With what unit are you currently performing? _____

Circle one: Color Guard Percussion Winds

How long have you been a member of this unit? _____

What other units have you performed with? _____

Father's Information:

Name _____

Occupation _____

Address _____

City, State, Zip _____

Phone: _____

Mother's Information:

Name _____

Occupation _____

Address (if different from above) _____

City, State, Zip _____

Phone _____

Number of siblings _____ Are any involved in pageantry? _____

Age(s) and grade(s) of siblings _____

Are any siblings in college? Yes No (Circle one) If so, how many? _____

Where do your siblings attend college? (if applicable) _____

Are you currently employed? Yes No (Circle one)

If so, where are you employed and what is your length of employment? _____

**DEADLINE:
March 1, 2017**

**MAIL TO:
Randy Weaver
c/o St. Edward the Confessor School
4901 W. Metairie Ave. Metairie, LA 70001**

Please answer the following questions. Attach separate sheets if necessary.

1. Academic progress (include grade point average, course load, extenuating circumstances and challenges overcome in your academic endeavors):
2. Extracurricular activities (include all scholastic, recreational and civic activities as well as pageantry. Identify accomplishments and responsibilities for these activities):
3. Future plans (what are your plans and goals for post-high school education? Where do you see yourself in five years?):
4. Why do you want or need this scholarship?

I hereby certify that the above and enclosed information is complete and true.

Applicant Name: (please print) _____

Applicant Signature _____

I have reviewed the above information and recommend this member for the LMCGPC Scholarship.

Unit Director Signature _____

Unit Name _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

- High school transcripts (including an explanation of the system)
- College transcripts (if applicable)
- Two (2) letters of recommendation from individuals other than the Unit Director
- Two (2) copies of a photo of yourself
- SAT/ACT scores if available