

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION
P.O. Box 90011
BATON ROUGE, LOUISIANA 70879-0011

TO: ALL MEMBERS OF THE LHSCA

SUBJECT: NOMINATION FORM FOR FOUR \$1,000 SCHOLARSHIP AWARDS TO QUALIFIED AND DESERVING HIGH SCHOOL GRADUATES OF PRESENT AND PAST LHSCA MEMBERS

I would like to call to your attention the following constitutional proposal that was adopted at the summer business meeting in 1979 which is listed on the LHSCA Website.

"The LHSCA shall award four \$1,000 scholarships to four qualified and deserving high school graduates. The scholarship is intended to assist qualified graduates to further their education at the college or university level."

ELIGIBILITY: (1) All applicants must be the son, daughter, or legally adopted child of a member of the LHSCA. Said member must have belonged to the LHSCA for the 5 year period just prior to the submission of the scholarship application. Children of deceased members are eligible to apply if member belonged to the LHSCA the five years just prior to death. (2) Applicants must be a graduate of an accredited high school. (3) Each applicant must show ample evidence he/she is capable of succeeding at the college level (TRANSCRIPT, GPA, RANK IN CLASS, ACT or SAT SCORES).

ADDITIONAL INFORMATION: (1) Evidence must be submitted to the Secretary-Treasurer of the LHSCA that the applicant has been accepted into an accredited institute of higher education. This evidence must be certified by the school registrar. When this certification is in the hands of the Secretary-Treasurer of the LHSCA, the scholarship money will be deposited with the institution selected and be used for any educational purposes (fees, room and board, books, tuition, etc.) (2) There will be no discrimination as to sex, race, creed or nationality. (3) This scholarship, in addition to other grants of financial aid such as scholarships, loans, grants, or work study, cannot exceed the total cost of the educational expenses listed above. (4) Any individual will be limited to (1) \$1,000 scholarship from the LHSCA.

APPLICATIONS: Application must be made to the Secretary-Treasurer of the LHSCA by May 1. Final selection will be made by the selection committee during the month of June each year. The winners will be announced at the Annual Coaches' School General Business meeting.

I have enclosed a nomination form that must be filled out in detail and returned to this office no later than May 1, 2008, in order for your nomination to be considered. Please make sure your nomination fulfills all of the requirements specified under Article 12.0 of the LHSCA Constitution.

If you have any questions concerning this matter, please feel free to call me.

Sincerely,

K. W. Henderson,
Secretary-Treasurer

mc
encl.

LHSCA SCHOLARSHIP NOMINATION FORM

(TO BE SUBMITTED TO KENNY HENDERSON, SECRETARY-TREASURER OF THE LHSCA, P.O. BOX 90011, BATON ROUGE, LOUISIANA 70879-0011, PRIOR TO MAY 1, 2008.)

STUDENT'S NAME: _____
Last First Middle

AGE: _____ SEX: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ MARITAL STATUS: _____

PRESENT HOME ADDRESS: _____
(Number & Street) (City) (Zip)

PHONE NO.: _____ RESIDENT OF LOUISIANA SINCE _____

WILL GRADUATE FROM: _____ H.S. DATE OF GRADUATION _____

LOCATION OF HIGH SCHOOL: _____
(City) (Zip) (Parish)

CURRICULUM PURSUED IN H.S. _____ GRADE POINT AVERAGE: _____

LETTER GRADE AVERAGE: _____ CLASS RANK: _____

HONOR CLASSES IN HIGH SCHOOL: (List course, level, year)

ACT DATE TESTED: _____ COMPOSITE SCORE: _____

PSAT/NAT.MERIT SCORES: _____ NAME OF SCHOOL
COUNSELOR: _____

PLAN TO ENROLL IN: _____ COLLEGE. WHEN: _____

AREA OF STUDY IN COLLEGE: _____

WHAT (IF ANY) SCHOLARSHIP/FINANCIAL AID STUDENT HAS OR WILL RECEIVE:

HONORS RECEIVED IN HIGH SCHOOL: (Give Dates): _____

STUDENT'S FATHER:

STUDENT'S MOTHER:

NAME: _____

NAME: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

OCCUPATION: _____

OCCUPATION: _____

OCCUPATIONAL TITLE: _____

OCCUPATIONAL TITLE: _____

PLACE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

TOTAL FAMILY INCOME PER YEAR: _____

WHICH PARENT IS AN ACTIVE MEMBER OF THE LHSCA: _____

SCHOOL: _____

HOW LONG HAS THIS PARENT BEEN AN LHSCA MEMBER? _____ (Years)

DATES: 19 _____ TO 20 _____

IF PARENT IS DECEASED AND HAD BEEN A MEMBER OF THE LHSCA PRIOR TO HIS/HER DEATH, SUPPLY THE FOLLOWING INFORMATION:

DATE OF DEATH: _____ HOW LONG A MEMBER OF THE LHSCA: _____

SCHOOL: _____ DATES: _____

OTHER CHILDREN PRESENTLY ENROLLED IN SCHOOL
(If not enough space is provided below, continue on a separate sheet.)

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>SCHOOL PRESENTLY ATTENDING</u>	<u>LOCATION</u>	<u>GRADE CLASS.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL RECOMMENDING REFERENCES:

	<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

COMMENTS/ADDITIONAL INFORMATION: _____

I hereby recommend the above mentioned student for the one thousand dollar (\$1,000) scholarship award.

YOUR NAME: _____ YOUR POSITION: _____

SCHOOL OR PLACE OF EMPLOYMENT: _____

DATE: _____ YOUR SIGNATURE: _____