



JUNIOR LEAGUE OF
SHREVEPORT-BOSSIER
Scholarship Program
Application Form

A. STUDENT DATA:

Name: _____

Last First Middle Initial _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

B. HIGH SCHOOL DATA:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

GPA _____

C. COLLEGE DATA:

College you plan to attend in Fall 2017: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

D. SERVICE DESCRIPTION:

Describe the service the student has performed. (Please attach additional sheets if necessary)

What did the student do? _____

What was the impact on the community? _____

What did the student learn from this service? _____

Was the service part of an organized service-learning curriculum project through the school or community? If so, please explain. _____

Approximately, how many hours did the student serve during her Senior year? _____

Approximately, how many hours did the student serve prior to her Senior year, and over what time period? _____

Were any of the hours of service counted as mandatory service hours for the school or a school organization to which the student belongs, if so how many?

PLEASE HAVE THE STUDENT ATTACH AN ESSAY ON WHY SHE IS DESERVING OF THIS SCHOLARSHIP, AND A RESUME LISTING HOURS OF SERVICE.

E. CERTIFICATION:

I certify that the information provided is complete and accurate.

Signature of Principal: _____ Date: _____

Please print name: _____ Phone: _____

ALL APPLICATIONS MUST BE RETURNED TO THE FOLLOWING ADDRESS BY MARCH 15, 2017:

Junior League of Shreveport-Bossier, Inc.
Attn: Scholarship Fund
2601 Line Avenue
Shreveport, LA 71104