

JUNIOR LEAGUE OF SHREVEPORT-BOSSIER

Scholarship Program Application Form

A. STUDENT DATA:

Name:Last		AASTE LOGIC		
	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 2022:				
Street Address:				
City:	State:	Zip Code:		
D. SERVICE DESCRIPTION:				
Describe the service the you have performed. (Please attach additional sheets if necessary)				
What did you do?		· · · · · · · · · · · · · · · · · · ·		
What was the impact on the community?				
What did you learn from this service?				
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Was the ser	rvice part of an organized service-learning	g curriculum project through school or
community?	? If so, please explain	-
		-
Approximate	ely, how many hours did you serve during	g your Senior year?
Approximate	ely, how many hours did you serve prior t	o your Senior year, and over what time
period?		
	f the hours of service counted as mandat u belong. If so, how many?	ory service hours for school or a school organization
		-
ADDITION	IALLY PLEASE ATTACHED THE FOL	LLOWING:
1)	AN ESSAY ON WHY YOU ARE APP	
2) 3)	A RESUME LISTING YOUR HOURS TWO (2) LETTERS OF RECOMME	S OF SERVICE NDATIONS (FROM NON-FAMILY MEMBERS)
E. CERTIFIC	CATION:	
I certify that	t the information provided is complete and	d accurate.
Signature of Principal:		Date:
Please print name:		Phone:
ALL APPLIC BY MARCH		HE FOLLOWING ADDRESS OR EMAIL ADDRESS
Junior Leagu Attn: Schola 2601 Line Av Shreveport,	Avenue	

jrleaguesb@bellsouth.net