



JUNIOR LEAGUE OF
SHREVEPORT-BOSSIER

2024 Scholarship Application

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 2023: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

D. SERVICE DESCRIPTION

Describe the service that 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? _____

Was the service part of an organized service-learning curriculum project through school or community?

If so, please explain. _____

Approximately how many hours did you serve during your Senior year? _____

Approximately how many hours did you serve prior to your Senior year and over what time period?

Were any of the hours of service counted as mandatory service hours for school or a school organization to which you belong? If so, how many?

E. ATTACHMENTS

Please attach the following additional information:

1. AN ESSAY ON WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP
2. A RESUME LISTING YOUR HOURS OF SERVICE
3. TWO (2) LETTERS OF RECOMMENDATIONS (FROM NON-FAMILY MEMBERS)

F. CERTIFICATION:

I certify that the information provided is complete and accurate.

Signature of Applicant: _____ Date: _____

Signature of Principal: _____ Date: _____

Please print name: _____ Phone: _____

ALL APPLICATIONS MUST BE RETURNED TO THE FOLLOWING ADDRESS OR EMAIL ADDRESS BY MARCH 30, 2024:

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

jrleaguesb@bellsouth.net