

2024 Scholarship Application

A. STUDENT DATA			
Name:Last	First	Middle Initial	
Street Address:			
		Zip Code:	
Home Phone Number:	Cel	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 202	24:		
Street Address:			
City:	State:	Zip Code:	
D. SERVICE DESCRIPTION			
Describe the service that y	ou have performed. (Pl	lease attach additional sheets if necessary.)	
What did you do?			
What was the impact on the commun	nity?		
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