



Louisiana Heroes Scholarship Application Form

The Louisiana Heroes Scholarship Fund was created by Scott Chafin and Gregorio, Chafin, Johnson, Tabor, & Fenasci LLC

Deadline March 31, 2020

Qualifications for the Scholarship

1. Are you a Louisiana resident? Yes No
2. Are you the child of a law enforcement officer, first responder, teacher, or coach employed by a Louisiana public school system? (A first responder is a person with specialized training who is among the first to arrive and provide assistance at the scene of an emergency, such as an accident, natural disaster, or terrorist attack. A first responder does not include hospital personnel.) Yes No
3. Do you have a minimum GPA of 2.5? Yes No
4. Are you on track to graduate from high school this academic year or are a currently enrolled college or vocational student in a Louisiana institution? Yes No

If you answered yes to questions 1-4, then you meet the eligibility requirements for this scholarship.

Applicant Information

Full Name: _____ Date of Birth _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent/Guardian _____ Phone: _____

Parent Email _____

Parent/Legal Guardian(s)

Name	Occupation	Highest Level of Education
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_____	_____	_____
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With whom do you live? Both parents Mother Father Other (Explain)

What is the total household income where you reside?

- Under \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 \$80,000-\$100,000
 Over \$100,000

Siblings

Name	Age	Highest Level of Education	Does this sibling live in the home?
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_____	_____	_____	_____
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Education

High School: _____ Address: _____

GPA: _____ Class Rank/Size: _____ ACT Score _____ SAT _____

Will you graduate? YES NO Diploma Type: _____

College: _____ Address: _____

GPA: _____ Fulltime Student Status: YES NO N/A

What is your major?

What are your career goals?

Will you be living on campus? YES NO If no, where will you live? _____

Will you be working while attending college? YES NO If yes, how many hours per week? _____

Have you been awarded any other scholarships, including TOPS? YES NO

If yes, please list the name of the scholarship and the amount. _____

Please explain your financial need for this scholarship _____

Activities

If your resume or activities sheet answer the items below, please attach and skip this section.

List any High School awards, honors, extracurricular activities, and volunteer/community service during the past four (4) years:

Previous Employment

If your resume answers the items below, please attach and skip this section

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Other employment: _____

Additional Requirements for this Scholarship

Did you submit a copy of your High School or College Transcript? If awarded the scholarship, then an official copy will be required. YES NO

Did you submit two (2) letters of recommendation? YES NO

Did you submit documentation for your ACT score? If awarded the scholarship, then an official copy from your school will be required. YES NO

Did you submit documentation that your parent or guardian is a Louisiana Hero (such as a letter from the supervisor or principal)? YES NO

Did you submit a short essay answering the following question: Please describe in two (2) pages or less the parent or guardian that qualifies you for this scholarship as well as what this scholarship would mean to you. YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. YES NO

Signature: _____ Date: _____

Once completed, mail your application packet to:
Louisiana Heroes' Scholarship Fund
9284 Linwood Avenue
Shreveport, LA 71106

If you have any questions about the application, please contact Carolyn Crump at 318-865-8680 or by email at ccrump@gcj-law.com.