



Louisa Education Foundation

A 501c3 NonProfit Organization

"Investing in Our Future"

2016 SCHOLARSHIP APPLICATION

FULL NAME of Applicant: _____
(Will not be revealed to selection committee)

Applicant Mailing Address: _____

Telephone and/or e-Mail Contact: _____

Number of Children in Family: _____ Ages: _____

Parent(s') Occupation(s) : _____

Parent(s') Combined Income: \$ _____

Grade Point Average: _____ Class Rank: _____

Post-secondary institution planning to attend: _____

Have you been accepted? _____ (YES) _____ (NO)

Has your FAFSA form been filed? _____ (YES) _____ (NO)

Have you applied for financial aid (grants, scholarships, loans) through the Financial Aid Office of the post-secondary school you wish to attend?

_____ (YES) _____ (NO)

In a separate document, please type a brief, double-spaced autobiographical sketch to include:

1. Educational and career goals
2. School and community activities
3. Why you are applying and are deserving of this scholarship
4. Any special circumstances which should be considered

DUE TO GUIDANCE April 1, 2016 (No exceptions)