

## LPA SCHOLARSHIP APPLICATION

LPA is proud to offer scholarships to its hardworking and enthusiastic members seeking to further their education. The LPA Scholarship Committee will consider only complete application packets that consist of the following:

- 1) the attached application filled out in its entirety;
- 2) personal statement, no photos please; and
- 3) three (3) letters of recommendation:
  - a) one from counselor or instructor,
  - b) one from an employer or friend (no family members), and
  - c) one from current LPA Chapter or District Officer.
  
- 4) transcripts:
  - a) high school transcripts, if you will be a freshman in the fall of this year; or
  - b) college transcripts, if you are presently attending college.

The complete packet must be mailed (postmarked) by April 1 to:

Lois Gerage-Lamb  
6511 LAKE CIRCLE DR  
DALLAS TX 75214-3416

\*Applications will not be accepted via e-mail.

If you have questions, please feel free to call Lois Gerage-Lamb, <mailto:littlelogl@aol.com> between 7:00 PM - 10:00 PM CST Monday - Friday at 214-826-6284 or e-mail her at [littlelogl@aol.com](mailto:littlelogl@aol.com)

### **INSTRUCTIONS:**

Please read all the following questions carefully and answer them completely. Use a pen or type your answers. Remember that your completed application represents you to the Scholarship Committee. Incomplete or illegible applications will not be considered.

## LPA SCHOLARSHIP APPLICATION

### A. GENERAL INFORMATION

Full Name:	
Address:	City/State/Zip Code:
Phone Number:	
E-Mail Address:	
Date of Birth:	Sex: Male or Female
Social Security Number:	
Marital Status:	Number of children:
How long have you been a member of LPA:	
Name of your Chapter:	District:
Academic year that you are applying for:	
Major area of study:	
Intended career:	
Name of College/University/Vocational School you plan to attend:	
Address:	
Phone:	
Financial Aid Office Address:	
Financial Aid Office Phone Number:	
Financial Aid Contact Person:	

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**B. PARENT AND FAMILY INFORMATION:**

If you are still listed as a dependent for tax purposes, please answer the following questions:

Name of parents:
Address (if different from yours):
Marital status of parents: _____Single _____Married _____Separated _____Divorced _____Widowed

If parents are divorced, with whom do you reside? \_\_\_\_\_

Will parents assist you financially? \_\_\_\_\_  
(See Section J)

Number of other family members attending college: \_\_\_\_\_

**C. EDUCATION**

List all schools, colleges, and/or vocational schools you have attended, beginning with high School. Please use a separate piece of paper if needed:

Name of school:	City/State

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C. EDUCATION - continued

You are presently attending:

High school: in your...  Junior year  Senior year

Present GPA: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Vocational school: in your...  first year  second year  other

Present GPA: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

College: as a  Freshman  Sophomore  Junior  Senior

Present GPA: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Number of credits accumulated: \_\_\_\_\_

Other : (Please specify) \_\_\_\_\_

\_\_\_\_\_

**\*PLEASE ATTACH HIGH SCHOOL, COLLEGE OR TRADE SCHOOL TRANSCRIPTS.**

D. LPA ACTIVITIES:

List below how and when you've been involved in LPA, offices you have held, awards received, etc. Be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**E. ACTIVITIES AND AWARDS:**

List organizations, clubs and extra-curricular activities other than LPA where you have been active (youth group, sports, drama, etc.)

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What are your hobbies or special interests?

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Awards/recognition you have received?

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Volunteer Service

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**F. WORK EXPERIENCE:**

List below (or use a separate piece of paper) all positions you have held (both paid and volunteer) during the past three (3) years:

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**G. OTHER FACTORS:**

While attending school, where would you live:

\_\_\_\_ Home      \_\_\_\_ Campus dorm/room  
\_\_\_\_ Commute      \_\_\_\_ Live with relatives      \_\_\_\_ Other

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G. OTHER FACTORS - continued

During the last 12 months, have there been any extreme medical expenses not paid for by insurance? If so, briefly explain the situation on a separate piece of paper.

H. LETTERS OF RECOMMENDATION:

Choose three (3) people to write letters of recommendation for you. It is strongly recommended that one of the letters come from your school counselor or instructor. The second letter can be from a non-school, non-family individual who knows you through work or other activities. The third letter must come from your LPA Chapter President or District Director.

I. PERSONAL STATEMENT:

On a separate piece of paper, write a statement explaining:

- 1) your reasons for applying for a scholarship;
- 2) your plans for the future; and
- 3) any other information about yourself, your family, your background, and your educational achievements, which will help the Committee become better informed about you.

J. FINANCIAL NEED STATEMENT:

Academic year: \_\_\_\_\_

Student Status: \_\_\_\_\_ Full-Time                      \_\_\_\_\_ Part-Time

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J. FINANCIAL NEED STATEMENT - continued:

List expenses:

<b>Indicate per (check one)</b>	<input type="checkbox"/> semester <input type="checkbox"/> quarter	<input type="checkbox"/> per year
Tuition:	\$	\$
Housing:	\$	\$
Books:	\$	\$
Food:	\$	\$
Fees:	\$	\$
Other (specify)	\$	\$
Total Amount	\$	\$

List sources of funding and amounts received:

<b>Indicate per (check one)</b>	<input type="checkbox"/> semester <input type="checkbox"/> quarter	<input type="checkbox"/> per year
Grants	\$	\$
Awards/Scholarship	\$	\$
Financial Aid	\$	\$
Loans (parents)	\$	\$
Loans (student)	\$	\$
Other (specify)	\$	\$
Total Amount	\$	\$

K. DECLARATION:

All questions must be answered completely and by the applicant, personally, in order for the application to be processed. Application information will be considered confidential and will only be reviewed by members of the Committee.

I have read the instructions, and completed this application to the best of my knowledge. If circumstances occur to change any of the information reported by me in this application, I understand that I must report this to the Scholarship Committee.

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Signature of Applicant

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Date