LCHSS Scholarship Application

Last Name First Middle

Home Address

City, State, & Zip Telephone Number

Age_____ Date of Birth_____

Father's Name Occupation

Mother's Name Occupation

Please submit the following with your application form:

1. **Complete high school transcript through 12/15/09.**
2. **Copy of ACT score.**
3. **List of all clubs, offices held, awards, honors and activities in which you participated. List should be verified by school officials.**
4. **A list of all community and church activities and any employment positions held.**
5. **Two (2) letters of recommendation.**

Completed applications can be mailed to:

LCHSS Scholarship
P.O. Box 1432
Swartz, Louisiana 71281

Deadline: All Applications must be received by 2/28/10