



STUDENT CHAPTER OF CENTRAL LOUISIANA

A 501(c)(3) nonprofit | info@studentchapterofcenla.org | 318-451-3088 | studentchapterofcenla.org

Scholarship Application

Please read the Scholarship Guidelines before applying. Type or print clearly.

APPLICANT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Current grade: _____ Birth date: _____ GPA: _____

School currently enrolled at: _____

Parent / legal guardian name: _____ Occupation: _____

Chapter mentor or sponsor (name and relationship, if any): _____

ACTIVITIES, CLUBS, HONORS AND AWARDS

Start with the present and work backward. Include extracurricular activities, club memberships, offices held, honors, awards, and Student Chapter involvement.

12th grade: _____

11th grade: _____

10th grade: _____

9th grade: _____

Interests and hobbies: _____

CAREER PLANS

After graduation I plan to:

☐ Work in the building industry ☐ Attend a community or technical college ☐ Enter an apprenticeship

☐ Attend a university ☐ Other

Employer, school, or program (if known): _____

EMPLOYMENT

Are you currently employed? ☐ Yes ☐ No

Employer: _____ Supervisor: _____ Phone: _____

VOLUNTEER HOURS AT CHAPTER EVENTS

Ten (10) hours are required. List each event, date, and hours. Your chapter advisor or a board member will initial each entry.

Event	Date	Hours	Verified by (initials)

ATTACH THE FOLLOWING

- ☐ Current high school transcript, or the last three years of final report cards
- ☐ Essay of 250–500 words: your goals and ambitions, why you are applying, and how you would use the scholarship
- ☐ Three reference letters from people outside your family (one from a school counselor or faculty member), each with address and phone number
- ☐ Chapter scholarship project

Answer every question. If one does not apply, write N/A. Attach extra pages if you need more room. Applications must be received by 3:00 PM on March 1, 2027; late and incomplete applications cannot be considered.

CERTIFICATION

I certify that the information in this application is correct and that all work I submit is my own. I authorize the Student Chapter of Central Louisiana to verify the information provided, including school records and employment. Falsified information is grounds for disqualification.

Applicant signature: _____ Date: _____

Parent / guardian signature: _____ Date: _____

Received by the chapter (initials): _____ Date received: _____