



2024 APPLICATION FOR \$1,000 SCHOLARSHIP TANGIPAHOA VOLUNTEERS FOR FAMILY & COMMUNITY

Failure to complete this application in its entirety will result in disqualification

Name of Applicant: _____
E-Mail

Complete Address: _____
Mailing address City, State, Zip

Telephone Contacts (two) _____
Parent Phone/Name Your Cell

High School Attending: _____

1. Requirements:

- (a) A resident of Tangipahoa Parish who plans to attend any Louisiana College or University.
- (b) A graduating Tangipahoa Parish High School Senior who intends to major in any subject.
- (c) Must be or have been a member in good standing of 4-H, FCCLA or FFA **OR**
Have a relative who is either a current or former member of Tangipahoa Volunteers for Family & Community or a Family & Community Education Club.
(Please indicate name and relationship _____)

2. Attach:

- An **official transcript** of your high school grades **Stamped with Official Seal** and **signed** by principal or counselor.
- Your complete composite scores/test results on ACT (American College Test), **signed** by your counselor.
- **Two signed and dated letters** of recommendation, **on letterhead**, from either your principal, teacher, minister, counselor, or 4-H, FFA, or FCCLA leader.

3. **Tell us about yourself in 150 words or less, typed on attached separate sheet.**

4. **Reasons for applying:** _____

5. **School Activities:** (list clubs and any offices held) _____

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Tangipahoa Volunteers for Family & Community**

6. **FCCLA or FFA:** (list major activities of chapter, parish, state, national and any offices held)

7. **4-H:** (list major activities of club, parish, state, national, and any offices held)

8. **Community Activities:** (social, religious, etc., and any leadership roles)

9. **Name of college or university you plan to attend:** _____

10. **Plan of major or degree pursued:** _____

DEADLINE: on Monday April 8, 2024.

Application must be in the hands of the Scholarship Chair.

**** Please contact me DIRECTLY, if you have any questions. ****

Mail or Deliver to: Jean Hebert, TVFC Scholarship Chairman
47056 Bear Lane, Hammond LA 70401- 4761
504-259-1412 E-Mail: JEANLAMBERT@LIVE.COM

Parent's signature/print

Applicant's signature

I have reviewed the above information and to the best of my knowledge it is correct.

Signed: _____
Counselor or 4-H Leader (**please circle**) / print name

**** PLEASE NOTE:** In order to maintain the scholarship, the student must be registered full-time (12+credit hours).**

Tangipahoa Volunteers for Family & Community is the all-volunteer arm of the LSU Ag Center Extension Service. The LSU AgCenter and LSU provide equal opportunities in programs and employment. Consistent with the Americans with Disabilities Act (ADA), the LSU AgCenter will make reasonable accommodations to enable persons with disabilities to engage in programs offered. Should you need an ADA accommodation, please contact our office at 985-748-9381 no later than 2 weeks before your accommodation is needed.