

# The Leonard P. Monteleone, Jr. Scholarship Award

## Purpose

The purpose of the scholarship is to help worthy recipients to supplement the costs associated with attendance at any state-funded college or university in Louisiana.

## Eligibility

The Applicant must be a legal resident of St. Tammany Parish and a graduate of a public high school of said Parish. The Applicant must have completed all of his/her public high school program (Grades 9-12) in the public schools of St. Tammany Parish.

Any student shall be eligible to apply, if he/she has a 3.0 grade point average in the core curricula as outlined by the State of Louisiana's T.O.P.S. program and a composite ACT Score of 22 or higher.

## Application

A completed scholarship application shall include an application form, a copy of the student's seven (7) semester high school official transcript, a copy of the student's resumé and three letters of recommendation. One recommendation MUST be from your principal.

The deadline for receipt of the application shall be **Monday, March 9**, of the application year. Incomplete applications and applications received after the deadline shall not be considered.

## Award Amount

The scholarship shall be a maximum of \$1,000.00, to be awarded in equal amounts per semester during the first year only. If the college/university follows a quarter system, the award will be allotted for the fall, winter, and spring quarters.

## Selection

A committee will assemble to review the applications to determine the recipient. The committee will consider grade point average, involvement in student activities, community involvement, and other important criteria it may establish. Committee members will include the Superintendent of the St. Tammany Parish School System or a designee, a supervisor of the School System, a representative of the St. Tammany Association of Retired Educators, a representative of the St. Tammany Federation of Teachers and school Employees, and a representative of the Monteleone family.

## **Award Announcement**

Once the recipient has been determined, an award letter will be presented. The letter will notify the student of the award and request the student to respond with his or her acceptance of the award and the mailing address of the college/university of their choice. A statement signed by the student granting the college/university permission to release his/her transcripts at the end of each semester/quarter will be required. In the event that the selected student declines the award, another student will be selected to receive the award.

## **Award Payment**

The total amount of the scholarship shall be deposited in equal semester/ quarter percentages at the college/university for the student to use for fees and expenses associated with enrollment. The portion for the second semester/quarter shall not be paid until the transcript for the first semester has been reviewed and approved. To be eligible for continuing payment, the student must maintain full-time enrollment (12 hours per semester or 8 hours per quarter) and earn at least a 2.5 (on a 4.0 scale) GPA. If a student does not meet these requirements, funds will not be paid for the second semester or subsequent quarters. Any balance in the recipient's account at the end of their freshman year will revert back to the Leonard P. Monteleone, Jr. Scholarship Fund.

**ALL INFORMATION IS CONFIDENTIAL**

**Please return to: Leonard P. Monteleone, Jr. Scholarship Fund**

St. Tammany Parish School Board  
321 N. Theard Street  
Covington, Louisiana 70433

**Student must have attended a St. Tammany Parish Public School for ALL of their 9-12<sup>th</sup> grades. Must attend a Louisiana state funded college or university.**

**Attach recent photograph of yourself here**

**LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND  
Application Form**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City Parish State Zip

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Year of Graduation \_\_\_\_\_

High School from which you will graduate \_\_\_\_\_  
School Address

Name of Principal \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Rank in your graduating class \_\_\_\_\_ Number of students in class \_\_\_\_\_

Is your father alive? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your mother alive? Yes \_\_\_\_\_ No \_\_\_\_\_

Major field of study while attending college? \_\_\_\_\_ College Choice: \_\_\_\_\_  
(Must attend a Louisiana state funded college or university)

If undecided, list at least two fields of interest: \_\_\_\_\_

What are your career plans? \_\_\_\_\_

TOPS Core curricula GPA of at least 3.0 **(to be calculated by Counselor)** \_\_\_\_\_

ACT Scores: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

*(All scores listed above must be from the same ACT report)*

I attest that the GPA and ACT scores for this student are accurate. \_\_\_\_\_

Guidance Counselor's Signature

In the space below, list the scholastic and honorary awards that you have received during your high school career. Also, include any school activities in which you have participated that you consider important accomplishments. (Attach a separate page if necessary.) Do NOT attach copies of the awards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a short essay of why you feel that you deserve this award. (Limit essay to 1 page.)

This application must be accompanied by three (3) "Request for Recommendation" forms, one from each of the following: your principal, one of your teachers, and your local minister, Guidance Counselor, or community leader.

## FINANCIAL INFORMATION

### PROBABLE INCOME FOR ACADEMIC YEAR

- Savings to be used (from summer earnings, etc.) \$ \_\_\_\_\_
- Prospective earnings from part-time work during academic year. \_\_\_\_\_
- Financial aid to be received from parents during academic year. \_\_\_\_\_
- Financial aid from other relatives or friends during the academic year. \_\_\_\_\_
- Scholarships and grants applicable to academic year. \_\_\_\_\_
- Other sources of income during academic year. \_\_\_\_\_

### TOTAL ESTIMATED INCOME FOR ACADEMIC YEAR

\$ \_\_\_\_\_  
\_\_\_\_\_

### Your Parent's Resources:

Name of father or guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Name of mother or guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Including you, how many children are dependent upon the family income for financial support? \_\_\_\_\_

Including you, how many children will be attending college during the coming school year? \_\_\_\_\_

To certify that the information given is true and correct to the best of your knowledge, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND CHECKLIST

**All items on this checklist must be completed/included with your application, or it will not be submitted to the committee for consideration to receive this scholarship.**

All of the following items MUST be on file in the St. Tammany Parish School Board before an individual's name will be submitted to the board trustees for its consideration.

- You must attend state-funded Louisiana college or university.
- A Formal Application – File between the end of the first semester and March 9th, of the Applicant's senior year. (These forms may be obtained from the St. Tammany Parish School Board or your high school principal.) Please be sure to include a recent photo of yourself.
- Have your guidance counselor sign the first page of your application, verifying your ACT scores with a composite of 22 or higher and TOPS core curricula GPA of 3.0.
- The Applicant's high school official transcript showing grades through the end of the first semester of his/her senior year. (These grades must establish that the applicant maintained a four-year school average of 3.0 points or above in the TOPS Core Curricula.)
- Include three "Request for Recommendation" forms, one from each of the following:
  1. Your high school principal only (not an assistant principal).
  2. Your local minister, high school guidance counselor, or community member.
  3. One of your high school teachers.
- Include a copy of your ACT scores with a composite score of 22 or higher. **All scores must be from the same ACT report.**
- Include a brief essay typed, not written, on why you feel you deserve this award and a copy of your resumé. The essay should be no longer than one page.
- Attach a **small personal photo** in the space provided on the front page of the application.

**LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND**  
**321 N. THEARD STREET**  
**COVINGTON, LOUISIANA 70433**

**REQUEST FOR RECOMMENDATION**

Any information given in completing this check list will be held in strict confidence. We would greatly appreciate your cooperation in this request.

Applicant's Name \_\_\_\_\_ School \_\_\_\_\_

Check each of the items below in one of the columns	Excellent	Above Average	Average	Below Average	Inferior
<b>Citizenship</b>					
1. Respect for Public Property					
2. Consideration of Others					
3. Patriotism					
<b>Character</b>					
1. Honesty					
2. Loyalty					
3. Courage					
4. Responsibility					
<b>Personal</b>					
1. Grooming					
2. Courtesy					
3. Manners					
4. Cheerfulness					
<b>Service</b>					
1. School					
2. Community					
<b>Overall Evaluation</b>					

Additional Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**321 N. THEARD STREET**  
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<b>Service</b>					
1. School					
2. Community					
<b>Overall Evaluation</b>					

Additional Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**321 N. THEARD STREET**  
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2. Community					
<b>Overall Evaluation</b>					

Additional Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_