

## GUIDELINES FOR SCHOLARSHIP PROGRAM (D.A.R.E. Officers' Child)

The Louisiana D.A.R.E. Officers' Association High School Scholarship Program will award a scholarship in the amount of \$1000.00 to help meet the burdens and costs associated with higher education. This effort is a meaningful expression of the Association's confidence in and respect for education and drug free lifestyles.

There shall be no restriction on any applicant by reason of race, age, creed, color, sex or national origin. There shall be no restriction as to the course of study to be pursued. The only limitations are that applicants must be permanent residents of Louisiana, the scholarships are to be utilized at institutions of higher learning within the State of Louisiana, and the applicants plan to be enrolled as full-time undergraduate students.

Only the members of the immediate family of any Louisiana D.A.R.E. Officer are eligible to apply. (Immediate family is son, daughter, step-son, step-daughter, anyone under your legal guardianship).

Completed applications shall be submitted to Deputy Malissa Sweeney, 18083 Highway 8, Leesville, LA 71446 by the deadline of May 15th. Applicants must be eligible for admission to the school indicated on the application. The award will only be paid for attendance at institutions of higher learning within the State of Louisiana,

The scholarship winner will be announced by July 1st of each year. Scholarship award will be sent to the winner after evidence of enrollment (paid fee sheet) has been received by the Association.

If for any reason a recipient relinquishes a scholarship or fails to enroll as a full-time undergraduate student at any institution of higher learning in the State of Louisiana, that scholarship will be granted to an alternate selected by the Louisiana D.A.R.E. Officers' Association Board of Directors.

The goal of the Association is to provide assistance to worthy Louisiana students in the furthering of their education and training with resources made available through the Louisiana D.A.R.E. Officers' Association which considers this scholarship program an investment in the future and believes this will provide positive role models for students in D.A.R.E. classes.

The Louisiana D.A.R.E. Officers' Association reserves the right to reject any winner based upon good cause, such as failure to comply with the prescribed guidelines or behavior or misconduct causing discredit and/or embarrassment to the local unit or the Louisiana D.A.R.E. Officers' Association, and to award the scholarship to an alternate of its choosing.

2011 L.D.O.A.  
D.A.R.E. Officer's Child  
SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_ Age \_\_\_\_ sex \_\_\_\_\_

High School Attended \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

How many people live in your household: \_\_\_\_\_

How many siblings (list ages): \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

What college, university or other institution of higher learning do you intend to attend in the fall? \_\_\_\_\_

\_\_\_\_\_

What will be your major field of study while attending college?

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving, or will you receive, other aid or scholarships?

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Applicant# \_\_\_\_\_

**For completion by counselor:**

- I. College entrance examination score:
  - a. ACT raw score: \_\_\_\_\_ or
  - b. SAT I: \_\_\_\_\_ SAT II: \_\_\_\_\_
  
- II. Cumulative high school grade point average excluding spring Semester of current year: \_\_\_\_\_
  
- III. Attach copy of transcript and ACT/SAT scores.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application will be picked up no later than May 15th.**



RECOGNITIONS AND AWARDS; List below any honors or recognitions that you have received to support your application for Louisiana D.A.R.E. Officers' Association Scholarship.

Recognition or Award	Year	Group or Activity

\* May attach student activity sheet



**SCHOLARSHIP TRACKING FORM**  
(Attach this form to the scholarship application)

\_\_\_\_\_  
Rank

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Department Telephone

\_\_\_\_\_  
Department Fax

I hereby certify that the scholarship applicant submitted herein will have completed the Louisiana D.A.R.E. scholarship requirements and that I am a current member of the Louisiana D.A.R.E. Officers' Association.

\_\_\_\_\_  
D.A.R.E. Officer Signature