

Mable Lawrence Thomas

Memorial Scholarship

Founder: Mr. Elbert Lawrence



APPLICATION FOR SCHOLARSHIP

PLEASE COMPLETE AND RETURN TO:

Dr. Jacqueline Johnson
2909 Robinson Drive
Winnsboro, LA 71295
Attention: M.L. Thomas Scholarship Committee

CRITERIA:

- Must be a resident of Franklin Parish.
- Must be a graduating high school senior.
- Must possess a GPA of 2.5 or higher on a 4.0 scale **OR** an ACT score of 20 or above **OR** a SAT score of 1440 or above.
- Must exhibit leadership ability through participation in extracurricular activities and/or community service activities.

ALL PACKETS MUST INCLUDE THE FOLLOWING:

- A typed, 250-word minimum autobiography, including an explanation of how this scholarship will help you achieve your higher education goals.
- An OFFICIAL copy of the high school transcript (with the school's seal).
- A copy of ACT/SAT score.
- 1 letter of recommendation from a Principal, Counselor, or teacher.
- 1 letter of recommendation from a community/public service organization.

CONSIDERATION FOR AWARD:

- This application packet MUST be postmarked by **March 29, 2024**.
- All parts of this application must be completed and signed by applicant and parent.
- All recommendation letters must be signed.
- **Omission** of any part will **eliminate** the applicant from consideration.
- Those candidates selected for the Scholarship Award will receive formal notification of their award. Scholarship awards will be paid upon receipt of the **SUBSEQUENT FALL University FORMAL ADMISSION**.

Mable Lawrence Thomas Memorial Scholarship

(APPLICATION MUST BE TYPED OR PRINTED WITH BLUE OR BLACK IN)

I. APPLICANT INFORMATION

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Email Address: _____

II. SCHOOL AND COMMUNITY INFORMATION

Name of School: _____

Street Address (City, State, Zip): _____

Date of Graduation: _____ GPA: _____

List: Honors/Awards received (list in chronological order):

List: Extracurricular Activities at school and offices held (list in chronological order):

List: Community/Church Organizations/Activities and offices held (list in chronological order):

List name(s) and location(s) of colleges/universities to which you have applied: (Name of school, location, address):

Proposed College Major: _____

III. FAMILY INFORMATION

Name of Parent/Guardian: _____

Relationship: _____

Address: _____

Phone Number: _____

IV. ESSENTIAL ITEMS

BEFORE SIGNING, PLEASE ENSURE ALL OF THE FOLLOWING ITEMS ARE ENCLOSED AS ATTACHMENTS TO YOUR APPLICATION

- () Typed 250 minimum word autobiography.
- () Official high school transcript with cumulative GPA and OFFICIAL school
- () Official copy of ACT/SAT scores.
- () Two (2) SIGNED letters of recommendation,
 - 1. From the Principal, Counselor, or Teacher
 - 2. From a community service organization

V. CERTIFICATION

I consent to my child's application for the scholarship and understand, if awarded, the funds will be made payable to the student and/or for the college/university and may be sent directly to the recipient. I certify that the foregoing statements are correct.

Signatures:

(Parent/Guardian)

(Month, Day, Year)

(Parent/Guardian)

(Month, Day, Year)

(Parent/Guardian)

(Month, Day, Year)

VI. MAILING INFORMATION

Mail completed package to: **Dr. Jacqueline Johnson**
2909 Robinson Drive
Winnsboro, LA 71295

Note: All items must be submitted as one complete package. Incomplete packages will not be considered or returned. If there are questions regarding the application process, please contact the Scholarship Committee Chairperson, Dr. Jacqueline Johnson (318) 237-4747 or via email at jbj2909@hotmail.com