

# Louisiana Ground Water Association Scholarship Application



**March 31<sup>st</sup> is the final day scholarship applications will be accepted.**

**Unless all items required by this application are completed as stipulated, the application may be eliminated for consideration.**

The Louisiana Ground Water Association (LGWA) will award up to two scholarships to qualified applicants.

To be considered, you must be an immediate family member of an LGWA member, or an LGWA member's employee. Applicants must be high school seniors intending to start, or be currently enrolled in a two- or four-year college program.

Completed applications must be accompanied by an official copy of the student's high school or college transcript, class rank, and SAT / ACT scores.

Award recipients will be required to maintain a 2.0 grade point average. The scholarship provides the first payment of \$1250 once the association receives a copy of the recipient's fall semester grades, and an additional \$1250 will be awarded for the spring semester once a copy of the spring semester grades are received, for a total of \$2500 for each recipient.

Student's Name \_\_\_\_\_

LGWA Member Name \_\_\_\_\_

Student's Relationship to LGWA Member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Planned Graduation Date (high school) \_\_\_\_\_ (College) \_\_\_\_\_

College Major (if Declared) \_\_\_\_\_

LGWA Member Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of High School / College \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **In addition to this application, please include:**

- List all high school honors and awards (attach to a separate sheet).
- List all extracurricular activities (attach to a separate sheet).
- Describe, in 150 words or fewer, an event in your life that has made you the person you are today and how it has affected your goals (attach on a separate sheet).

## **ALL ITEMS ABOVE MUST BE SUBMITTED.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Please return the application and all additional items, to:  
Joel Walton, PO Box 202, Prairieville, LA 70769-0202