West Feliciana Education Foundation

Mailing Address:
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Purpose

The West Feliciana Education Foundation strives to enhance opportunities for all students. The purpose of this scholarship is to assist a West Feliciana High School senior to fulfill post high school educational goals, after having demonstrated tenacity and character in the high school years.

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Application Requirements

➢ Applicant must be a graduating West Feliciana High School Senior in good standing.

➢ Must have post graduation plans of pursuing higher education (eg Vocational/ Technical /Community or Junior College, College, University)

➢ Must have a minimum GPA of 2.5

➢ Must submit a current transcript

➢ Typed essay following the requested essay guidelines

➢ Application must include two letters of recommendation attesting to the character of the candidate. A minimum of one letter must be from West Feliciana High School personnel. Members of the applicant's family cannot act as a reference.

➢ Verification of post graduate plans such as a copy of an acceptance letter

➢ Please return completed packets to the Guidance Counselor's office by April 3, 2023.

➢ **NOTE:** Incomplete packets will be disqualified. DOUBLE CHECK REQUIREMENTS.

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Scholarship Disbursement

➢ The recipient/s of this scholarship will be announced at one of the Senior programs

➢ The scholarship check will be available upon proof of enrollment in the educational or training program

➢ The recipient should submit verification of enrollment to WFHS guidance office to receive the scholarship check.

Scholarship Essay Guidelines

Your typed essay should not exceed a total of 1500 words and must address the following questions:

- ➢ What are your education and career plans after graduation?
- ➢ How would this scholarship help fulfill those plans?
- ➢ What are some of the challenges you have experienced while in high school?
- ➢ How have you demonstrated strong character and perseverance and/or how do you distinguish yourself from other applicants?

APPLICANT INFORMATION SHEET

Name: _____

Address: _____

City:_____State:_____Zip Code:_____

Cell Phone Number: _____Home Phone_____

Grade Point Average_____

High School: _____

Name(s) of Parent(s) / Guardian(s): _____

Higher Education Program you will attend in the fall:

_____

Is there anything else you would like the selection committee to know about you?

_____

_____

Acknowledgement Statement

I certify that all the information included in this packet is factual and true. Any information that has been falsified or misrepresented may result in the withdrawal of recommendation and forfeiture of scholarships or awards.

_____   _____

Student's Signature   /   Date

_____   _____

Parent / Guardian's Signature   /   Date

By submitting an application to the West Feliciana Education Foundation Scholarship each applicant acknowledges reading and understanding the application requirements and agrees to observe them. Further, each applicant acknowledges and agrees that as a condition of receiving this scholarship, the selected individual may be featured on the West Feliciana Education Foundation's website, Facebook page and other local media