

# **Nancy Miller Memorial Scholarship**

## **Instructions**

### **Louisiana Foster and Adoptive Parents Association Scholarship Program**

Through the generous memorial contributions of family & friends to the Nancy Miller Memorial fund, **LFAPA** is offering a **\$1,000** scholarship for foster/adopted youth throughout Louisiana. Recipients may choose any campus they want to attend, including correspondence.

#### **Selection Criteria:**

Candidates for the scholarship must demonstrate the following to be considered:

1. Applicants must be legal residents of Louisiana
2. Applicant may reside:
  - A. in a foster/adoptive home, group home, or kinship care or
  - B. be an emancipated foster youth under age 21 (proof of age required with submission of application and LFAPA membership).
3. Are not receiving 100 % tuition reimbursement from another source
4. Submit a complete, signed application, together with all supporting documentation, if any, by the deadline date listed. The completion of the application form does not create an obligation to award a scholarship to applicant
5. Submit an essay, "Furthering my Education". High importance will be placed on the applicant's desire to advance in their education, with an emphasis on furthering their careers, and their impact in the community for which they reside. To be considered, the essay must meet the following requirements:
  - a. Two – four page essay in standard format
  - b. Double spaced
  - c. 12 point font
  - d. 8 X 11 white paper
  - e. Pages must be paper-clipped together (no staples)
6. At least two letters of recommendation.

#### **Selection Process**

1. The recipient(s) of this scholarship will be selected by the LFAPA Scholarship Services Committee consisting of community leaders in the Monroe Region and volunteers.
2. It is the applicant's responsibility to submit a complete and signed application and all supporting documentation in one package which must be received on or before the deadline date set. The scholarship committee accepts no responsibility for incomplete applications, applications not in proper form, lost applications, or any other submission in exception to the above instructions.
3. Scholarship selection shall be made without regard to race, color, national origin, sex, or disability.
4. The scholarship award will be based on the committee's scores of the overall quality of the application and the scholarship essay(s). The higher the score, the higher the probability of selection.

## **Nancy Miller Memorial**

### **Scholarship**

#### **Deadline date:**

A complete application and supporting documentation **must be received on or before May 30**. Applications received after the designated deadline date will not be considered. **No exceptions**.

#### **Award Date:**

The scholarship committee will determine the recipients of the scholarship by mid July and the applicant will be notified by August 1. You will be notified via email by the award date regarding the status of the scholarship. You will receive a notification email regardless if you were selected as a recipient or not.

#### **Submission Instructions**

All materials must be submitted by mail to the following address and received on or before the deadline date.

Louisiana Foster and Adoptive Parents Association (LFAPA)  
Attn: Scholarship Committee  
3001 Armand Suite G  
Monroe LA 71201

For any additional information, please email Peggy Kirby, President, at [kirp50@juno.com](mailto:kirp50@juno.com)

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**Student Information**

Full Name of Applicant

\_\_\_\_\_

Street Address:

\_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Degree Program Interested in: Accepted: yes \_\_\_ no \_\_\_ Applied for: yes \_\_\_ no \_\_\_

\_\_\_\_\_

Organizational and/or Community Participation

Organizational Memberships:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Community Involvement/Volunteer Work:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Foster Parent Information (name of last foster/adoptive parent)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

OCS Worker(s) Information:

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Office addresses and phone number:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## Nancy Miller Memorial Scholarship

### TERMS, CONDITIONS AND DISTRIBUTION OF FUNDS

By applying for a Scholarship and/or accepting the scholarship award, the applicant/recipient agrees to the following terms, conditions, and the distribution of scholarship funds.

1. All application submissions shall become the property of LFAPA regardless if applicant is awarded the scholarship. In addition, you agree to cooperate with LFAPA in executing a consent and release form if requested.
2. Upon the award of the scholarship and applicant's acceptance, LFAPA shall have the right to use and republish submitted application and any of its contents to reference and acknowledge applicant's recipient's name and authorship of the application for any purpose, whatsoever. In addition, applicant/recipient agrees to cooperate with LFAPA in executing a consent and release form if requested.
3. Scholarship award is a non-cash credit to your University/School of Choice account in the amount stated by scholarship. No check or other cash monies will be given and/or refunded to student at any time. **No exceptions.**
4. Recipient must maintain the minimum grade point average for selected degree program and make satisfactory progress towards completing selected degree program.
5. Should recipient withdraw from or otherwise fail to complete a course for which registered and for which the Scholarship or a portion of the Scholarship has been used to pay, any refund due shall be only applied to recipient's Account as a non-cash credit. In no event will any cash refund be given at any time. **No exceptions.**
6. Recipient will relinquish all unused scholarship credits should recipient fail to meet the above terms and conditions for any reason. Determinations of failure to meet the stated terms will be made by the Scholarship Committee and/or School officials in their sole discretion. Any unused portion of the scholarship will be returned to LFAPA.
7. These terms and conditions are in addition to any other terms and conditions set forth in any other part of this document. Any necessary determination or clarification as to the interpretation or to the application of a particular term shall be made by the Scholarship Committee. Furthermore, LFAPA reserves the right in its sole discretion to make any changes or modifications to the scholarship, including but not limited to, the criteria, the selection process, the deadline dates, and the terms and conditions.
8. Failure to comply with the terms and conditions of the scholarship will result in termination of the scholarship.
9. In the event that any provision of the terms and conditions of this Scholarship shall be held void, voidable, or unenforceable, the remaining provisions shall remain in full force and effect.

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**ACKNOWLEDGEMENT**

1. I have read and agreed to the stated Terms and Conditions of the scholarship and I understand the nature of the Scholarship and the extent of my obligations.
2. I certify to the best of my knowledge and ability that the above statements are true and correct. I understand that any misrepresentation or omission of fact is cause for disqualification and my application will not be considered.
3. This application is subject to policies and procedures set forth in the LFAPA Policy and Procedure manual in the event of a conflict between the terms of the scholarship and the manual, the terms of the scholarship will control.

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

If the signatory/applicant is under the age of 18, the Legal Guardian must also sign below. By signing below said Parent or Legal Guardian represents that he/she has the legal right to and does consent to the terms and conditions of this scholarship. Said Parent or Legal Guardian further certifies to the best of his/her ability that the information contained in this application is accurate.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Address (if different from youth's) City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Evening: \_\_\_\_\_