SCHOLARSHIP REQUIREMENTS

Apply for LFAPA Scholarship

The Louisiana Foster & Adoptive Parents Association offers scholarships through donations to foster youth and adopted youth in Louisiana who wish to further their education beyond high school, including college or university studies, vocational and job training, and correspondence courses. Foster/adoptive parents or caregivers must be members of LFAPA.

The following requirements apply:

1. College/University

   • must be in their senior year of high school (regardless of age)
   • must provide copy of high school transcript
   • must provide documentation of cost from college/university
   • must return application and all other requested documents by deadline
   • must be accepted by an accredited college/university before receiving funding (proof of this will be a copy of school acceptance letter)
   • must return unused portion or appropriate percentage if withdrawing from college/university or does not maintain grade point averages required by institution

2. Vocational/Job Training/Correspondence/Other Educational Pursuits

   • must be at least 17 years of age (either in school or out)
   • must provide documentation of cost from the school, training center, or other educational facility
   • must return application and all other requested documents by deadline
   • must be accepted into accredited program before receiving funding (proof of this will be a copy of acceptance letter)
   • must return unused portion or appropriate percentage if withdrawing from course/program or is unable to maintain grade point average required by the course/program

Each applicant must submit:

1. Completed application form
2. A minimum of two (2) letters of recommendation from: foster parent(s), social worker(s), residential center, principal/teacher/guidance counselor, employer, etc. will be required with each application
3. A typewritten essay on “Furthering My Education” to be considered for a LFAPA Scholarship with also be required (instructions listed under criteria)

Scholarship applications must be submitted with

All required documents including letters of recommendation & transcripts must be mailed together!

Mail applications to: Louisiana Foster & Adoptive Parents Association
Attn: Scholarship Committee
5200 Northeast Road
Monroe LA 71203
Full Name of Applicant
__________________________________________________________________________

Street Address:
__________________________________________________________________________

City: ___________________________ State: _____ Zip: ___________

Daytime phone: __________________ Evening: _________________________

Email address: ______________________________ Date of Birth: _____________

School/Degree Program interested in: Accepted: yes: ____ no: _____ Applied for: yes: ___ no: __

__________________________________________________________________________

Name of School

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: ______________________________
Phone: ______________________________
DCFS Worker(s) Information:

Name: ________________________________________________
Name: ________________________________________________

Workers Office addresses and phone number:

_______________________________________ Phone: _________________________
_______________________________________ Phone: _________________________

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 Procedures 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 sign below. By signing below said Parent or Legal Guardian represents that she/he 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 her/his ability that the information contained in this application is accurate.

______________________________________
Printed name of Parent/Guardian

______________________________________   Date: _______________________
Signature of Parent/Guardian

___________________________________ City: _____________________________ Zip: __________________
Address (if different than youth’s)

_________________________________________  ________ _______________________________
Daytime phone number     Evening phone number