

L. E. Fletcher Technical Community College

P. O. Box 5033 Houma, Louisiana 70361
Office (985) 857-3655 Fax (985) 857-3689

F. Travis Lavigne, Jr.
Chancellor

APPLICATION FOR THE SOUTH LOUISIANA BANK BUSINESS SERVICES SCHOLARSHIP

Please type or print information.

Please type or print information.

Name: _____
Last Name First Name Middle Initial

Address: _____

_____ City State Zip Code

Telephone Number: (____) _____

Parent/Guardian Name (if applicable): _____

Address: _____

_____ City State Zip Code

Telephone Number: (____) _____

Are you currently attending high school? Yes No

If yes, Name of High School Currently Attending: _____

Address: _____

_____ City State Zip Code

If no, did you complete high school? Yes No If yes, year of completion _____

and Name of High School _____

If no, did you obtain a GED? Yes No If yes, year of completion _____

and Location of Completion _____

Briefly, describe why you have chosen this field of study. _____

Describe your educational and career goals. _____

List the extracurricular activities in which you have been involved. _____

I understand that the scholarship entitles the holder to payment of tuition and admission fees, and reimbursement for textbooks and approved school supplies. The scholarship is applicable to Office Systems Technology and Accounting Technology programs and may not be transferred to another program area. This scholarship may be for the duration of the selected program contingent upon maintenance GPA and good standing and may not exceed twenty-four (24) months. It is awarded to one individual and may not be transferred.

Scholarships will become null and void when recipient is recorded as dropped from the program.

Signature of Applicant

Date

High School Use Only:

Grade Equivalent: Mathematics _____ Reading _____ Language _____

List Standardized Test Administered: _____

Guidance Counselor's Signature

Date

School Official's Signature

Date

Technical Community College Use Only:

Date Received: _____

Date Reviewed: _____

Approved: _____

Not Approved: _____

Placement Test Administered: _____ Date: _____

College Official's Signature

Date

ATTACH THE FOLLOWING INFORMATION WITH APPLICATION

1. A current copy of high school transcript.
2. Two (2) letters of recommendation. If a current high school student, one of these letters should be from your school counselor, administrator, or teacher.

****PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE DISCARDED****