

# LMSA Scholarship

The Louisiana Middle School Association will award a \$1000.00 scholarship to high school seniors entering the field of education. Please print all responses. Include a seven semester **transcript** and a copy of your **ACT scores**. Applications must be signed by your school counselor and postmarked no later than **March 16, 2018**. Mail completed applications to:

Louisiana Middle School Association  
Sabra Soileau  
600 S. Shattuck St., Lake Charles, LA 70601 Fax: 337-217-4151  
Email: [sabra.soileau@cpsb.org](mailto:sabra.soileau@cpsb.org)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ or \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

What area of education and grade level will you pursue? \_\_\_\_\_

**Submit a 300 to 500 word typed essay explaining why you want to be a teacher.**

High School: \_\_\_\_\_ Parish: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Counselor's name: \_\_\_\_\_ Email: \_\_\_\_\_

Counselor's phone: \_\_\_\_\_ Date scholarships will be awarded: \_\_\_\_\_

Time: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check List: Transcript \_\_\_\_\_ ACT \_\_\_\_\_ Essay \_\_\_\_\_

**The scholarship will be awarded upon submission of proof to the scholarship committee that the recipient has entered a four-year university in the field of education.**