

**EILEEN LEGRAND MEMORIAL SCHOLARSHIP
2025 APPLICATION FORM**

Full Name: _____ **Age:** _____

Home Address: _____

Father or Guardian's Occupation: _____

Mother's Occupation: _____

Number of Dependent Children in Your Family _____

Ages of Dependent Children: _____

Extracurricular Activities and/or Awards Received While in High School:

Which school are you planning to attend in the fall? _____

Probable Major: _____

Required Material to Accompany Application

From High School:

1. Transcript of grades
2. Class Rank (must be in upper ½ of graduating class)
3. Aptitude and Achievement Test Scores
4. Counselor's or Principal's evaluation of character, background and academic ability.

From Applicant:

1. This application properly completed.
2. A letter of recommendation from a community leader, pastor, youth leader or employer known personally by the applicant. They cannot be a school employee.
3. A 500 word or less essay on why the applicant feel he/she is deserving of this scholarship (include future goals). Essay must be typed or written in pen-**NO PENCIL!**

\$500 ONE TIME AWARD

**EILEEN LEGRAND MEMORIAL SCHOLARSHIP
APPLICANT'S PLEDGE**

I, _____, understand that if I am awarded this scholarship/award, I am obligated to complete one year of schooling. If for any reason, I am unable to do so, I will return any portion of the money not returned by the school.

Date

Applicant's Signature

Parent or Legal Guardian's Signature

DUE BACK IN THE GUIDANCE OFFICE BY MONDAY, APRIL 21, 2025!