



Louisiana Softball Coaches Association

Empowering Athletes Through Leadership, Service, Competition and Academics

www.lasoftball.net

LSCA SCHOLARSHIP APPLICATION

I. LSCA INFORMATION:

Member's Name: _____

School: _____

Home Address: _____

Home Phone Number: _____

Years as LSCA Member: _____

Is This Student a _____ Player of at LSCA member school?

AND/OR _____ Family Member of a LSCA member? (Check one)

II. APPLICANT INFORMATION:

Name: _____ Age: _____

School: _____

Home Address: _____

Home Phone Number : _____ Relation to LSCA Member _____

Grade Point Average : _____ (Based on 4.0 scale; 4 decimal places; through previous semester)

SCORE (if applicable): _____

ACT SCORE _____ SAT

Other Financial Aid Currently Received or Receiving (If Applicable)



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High School or Post-High School Honors: (List any awards or honors received
(be specific)

Community Activities: (Involvement outside of school)

IV. POST GRADUATE PLANS:

College of choice (or current college): _____

Major: _____

V. OTHER SCHOLARSHIPS:

Applied For: _____

Received: _____



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VI. WRITTEN SUMMARY: In one paragraph, please state reasons you believe that you qualify for this scholarship and should receive it.

****Application must be accompanied by two letters of recommendation and an official transcript****

Signature of Applicant: _____

Coaches Signature: _____

Date: _____

Send this application to:

Blake J. Orgeron

P.O. Box 669

Berwick, LA 70342