



South Louisville Area Business Association Scholars Program Application

Part I: To be completed by the student applying for the scholarship. *Note: Please limit attachments to no more than 2 additional sheets.*

Part II: To be completed by the principal, counselor, or teacher.

Part III: Information regarding Due Date and Scholarship contact information.

Part I:

First Name	Middle Name	Last Name	
Home Address			Phone
City	State	Zip	E-mail Address
High School	Graduation Date		College you plan to attend

HIGH SCHOOL ACHIEVEMENTS (honors, awards, leadership roles, activities, volunteer service)

Freshman Year:

Sophomore Year:

Junior Year:

Senior Year:

Please highlight your volunteer service (not school related):

Please describe your employee experience (type, hours per week, etc.):

Please write a short statement regarding your educational and career goals:

Why would you like to attend college?

Part II

The SLBA Scholars Committee will screen applicants to select the best prospective student for this scholarship. Please review *Information for the Student* prior to completing this form.

Completed by high school principal, counselor, or teacher on _____ (date).

Student's GPA: _____ Student's Class Rank: _____
ACT Score: _____ Combined SAT Critical Reading & Math Scores: _____

Number of Students in Graduating Class: _____

**If your high school doesn't rank, what rank do you consider him/her _____.*

General estimate of this student's success in college (Letters of recommendation may be attached):

Additional Comments:

Signed

Print your name

Title

Your telephone number

School name

School address

PART III

Send completed application, current transcript & essay by March 31 to:

SLBA, P.O. Box 9755, Louisville, KY 40209 (Attn: Scholarship Chairman)