

## Louisiana Association of Secretaries to the Chiefs of Police SCHOLARSHIP

### APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Physical address:

City:

State:

ZIP Code:

Mailing Address:

City:

State:

ZIP Code:

### MARITAL STATUS

Single: \_\_\_\_\_

Married \_\_\_\_\_

If married name of Spouse:

### SCHOLASTIC DATA

School or who issued GED:

Address:

City:

State:

ZIP Code:

List high school/transfer school activities, organizations and/or honor received:

Attach separate sheet if necessary:

### Applicant School Info

Cumulative GPA:

ACT Score:

SAT Score:

Graduation/GED Date:

List other scholarships you have been awarded:

### Family Information

Names	AGE	OCCUPATION	EMPLOYER	Estimated Annual Gross Salary
Father/Guardian (full name)				
Mother/Guardian (full name)				

Name of Brothers and sisters and their age:

### COLLEGE OR TRADE SCHOOL ANTICIPATED TO ATTEND

Name of School:

Mailing Address:

City:

State:

ZIP Code:

Planning to Live on Campus: Yes No

Commute from:

**Anticipated Major (Must fill in):**

Signature

Date

**Louisiana Association of Secretaries to the Chief of Police  
Scholarship Application**



Scholarships Are:

- Granted in the amount of \$ 500.00 paid directly to the recipient.

Applicant Must Be:

- A Louisiana native and/or graduate of a Louisiana high school/Accredited GED.

While at Accepted College or Trade School You Must:

- Maintain a 2.5 Cumulative GPA.
- Take courses in a Criminal Justice program, Business Administration program and or the Arts.

Please Note:

- Applications must be received by August 1, 2026.
- Attach a letter stating why you are seeking this scholarship.
- Attach a resume of extracurricular and community activities.
- Attach a copy of your transcript, GED, ACT score, and/or SAT score as applicable.
- Attach two letters of recommendation.
- Attach Letter of Acceptance or a PAID "Fees Invoice" from the college or trade school you will be attending.

I (Print full name) \_\_\_\_\_, do acknowledge I understand all of the rules governing this scholarship as stated above and that all of the information furnished on the application is correct to the best of my knowledge.

If any information has been found false, then this scholarship may be revoked by the Louisiana Association of Secretaries to the Chiefs of Police and will be subject to interest from the time scholarship is cashed with any additional collection cost (if needed). Upon being informed that the scholarship has been revoked, I will have 10 days to appeal directly to Louisiana Association of Secretaries to the Chiefs of Police by certified return receipt mail.

All final decisions will be made by the Louisiana Association of Secretaries to the Chiefs of Police. Please email application to [lasecretaries@gmail.com](mailto:lasecretaries@gmail.com) Please label subject field LASCP Scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date