**LOP INC Fall 2017 MINORITY SCHOLARSHIP APPLICATION**

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| Please **type** and provide your answers below. | | |
| 1. | Last Name: | First Name: |
| 2. | Current Mailing Address  Street:  City: State: Zip: | |
| 3. | Daytime Telephone Number: ( )  E-mail Address: | |
| 4. | Date of Birth Month: Day: Year: Gender: | |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  \*Attach proof of GPA. Your most recent high school transcript is required. | |
| 6. | Are you the first person in your family to go to college? Yes \_\_\_ No \_\_\_\_ | |
| 7. | Name and location of 4-Year College / University you will be attending: | |
| 8. | A. List any academic honors, awards and membership activities while in high school:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community: | |
| 9. | Name & address of parent(s) or legal guardian(s):*(Include address if different than your own listed in Question 2)*  1) Name of Parent or Legal Guardian:  2) Name of Parent or Legal Guardian:  Street:  City: State: Zip:  Home phone of parents or legal guardians: Work phone: | |
| 10. | **In a separate Word document, please write an essay of at least a minimum of 1,000 words that discusses the following:**   * What are your goals and aspirations in life? How will you plan to overcome these goals and aspirations? * What have you done to be more involved or help be an advocate of within the local Community? | |

### **STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the LOP, INC. scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the LOP INC Minority Scholarship policy, I must be physically present at LOP, INC.’s office on August 16, 2017 to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Checklist:**

\_\_\_ Application Form

\_\_\_ 2 Letters of Recommendation

\_\_\_ Essay

\_\_\_ School Transcript

**MAIL COMPLETE APPLICATION PACKAGE TO LOP INC:**

LOP INC Minority Scholarship Program

600 W. Campbell Rd Ste 5

Richardson, TX 75080

**DEADLINE REMINDER:**

The deadline for this application to be received by LOP, INC. via E-mail is:

[July 31, 2017 11:59 CT] -- NO EXCEPTIONS!