

LACC Scholarship Application

Submit this form along with all other requirements by _____.

Please **type** or **print** your answers.

1. Name: _____
2. Address: _____
City: _____ St.: _____ Zip: _____
3. Phone Number: _____
4. Date of Birth: _____
5. I will be attending college/university as a: (Circle one)
Freshman Sophomore Junior Senior Master's Level
Technical School Student Medical School Student
Nursing School Student (year _____)
Other: _____
6. School Attending: _____
Proof of acceptance or current student enrollment from the above school, in writing, is required.
7. Grade Point Average (GPA): _____ (On a 4.0 scale)
Attach proof of GPA. High School or College/University
8. ACT Score: _____
Or
SAT Score: _____
A copy of your ACT or SAT score sheet.
9. Name of parent(s) or legal guardian(s)
Name(s) _____
10. Address of parent(s) or legal guardian(s) if different from address listed above
Street: _____
City: _____
State: _____ ZIP: _____
Phone Number: _____

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11. Name of High School and year of graduation:

12. List any Colleges/Universities you have attended:

13. What specialty/major do you plan to major in as you continue your education?

14. What are your educational and professional goals and objectives? You can attach a written response.

15. List your academic honors, awards and membership activities while in high school or college. You can attach a written response.

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16. List your community service activities, hobbies, outside interests, and extracurricular activities. You can attach a written response.

17. Please list all LACC races you competed in date/location. Please also specify if you worked a LACC race. (Must race 5 of the 10 races.)

Signature of scholarship applicant: _____

Date: _____

Mail to: Acadiana Racing
Attn: