

RANDON COSTELLO

Scholarship Endowment Fund

Application Form



These scholarships are available to “Dependent Children” of “Eligible” employees of Leading Health Care of Louisiana as defined in the Program Guidelines. Please see the Program Guidelines on the website at www.lhcla.com/RandonScholarship to ensure eligibility requirements are met. Any application submitted that does not meet criteria will be rejected.

Scholarship Deadline is June 30 of each calendar year. Applications must be received at the Leading Health Care of Louisiana office located at 114 W. Vermilion St., Lafayette, LA 70501, or be postmarked by the deadline date, or submitted via the online application form on our website. Please note that NO exceptions will be made for late applications.

You can find specific information about the scholarship at www.lhcla.com/RandonScholarship or by contacting the Corporate Office of Leading Health Care of Louisiana.

General Instructions to Applicant

1. Complete an online application at: www.lhcla.com/RandonScholarship
2. If no online access, request an application form from your local Leading Health Care office.
3. If not using online application, return a neatly printed application by the deadline due date. This application is the first impression you will make upon those who award scholarships.

ATTACH A PHOTO OF APPLICANT WITH THE APPLICATION

PERSONAL INFORMATION

Full name of applicant _____ Nickname _____
Telephone number _____ Email address _____
Present home address _____
City _____ State _____ Zip _____
Date of birth _____ Social Security Number _____

FAMILY INFORMATION

Mother’s name _____	Father’s name _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City,ST,Zip _____	City,ST,Zip _____
Phone number _____	Phone number _____

Leading Health Care office where parent(s) are employed:

Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	School or college/years attended
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EDUCATION

1. Name all primary, secondary, technical, vocational or colleges you have attended in the last five years, regardless of whether you have graduated. List the school you are presently attending first.

2. How many years do you plan to attend the school of your choice, and what course of study would you like to pursue?

3. What future business or educational career will you likely pursue?

4. What school(s) would you most like to attend? Please explain your reason.

5. What schools have you applied to for admission? Please indicate acceptance status.

6. List any scholarships, grants or loans for which you have applied, and funding amount you will receive, if known.

Name	Amount	Plan to use

EXTRA-CURRICULAR AND SERVICE ACTIVITIES

1. Academic, athletic, service, and extra activities. Use additional pages or attach resume for sections a, b, and c.

a. List academic awards, achievements and dates.

b. List participation in athletic activities.

c. List participation in community service and extra-curricular activities.

EMPLOYMENT HISTORY

List jobs you have held in the last two years.

<u>Employer</u>	<u>Dates</u>	<u>Hours per week</u>	<u>Position</u>	<u>Salary</u>

COST OF EDUCATION

Please provide the following information for each school that you apply.

	School _____	School _____	School _____	School _____
<i>Tuition</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Clothing/personal</i>				
<i>Transportation</i>				
<i>Scholarship money available?</i>				
Total Annual Cost				

FINANCIAL NEED SUMMARY

Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and your parent’s most recent Federal Income Tax statement to the back of this application form.

Name of person	Income and year	Total annual income
_____	_____	_____
_____	_____	_____

b. Have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (Expected Family Contribution).

c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.



TRANSCRIPT HISTORY

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student’s current record to this sheet. Some information may not be available due to age of student.

Ranking in senior class: _____ of _____

GPA: _____ on a _____ scale

Best Combined SAT Score: Verbal _____ Math _____ Writing _____

Best ACT Score: Date _____ Score _____

Signature of principal or guidance counselor _____

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

TO THE STUDENT APPLICANT: The Applicant Appraisal Form is to be completed by a school counselor or advisor, an instructor, a pastor or a work supervisor who knows you well. This form can be sent electronically to **RandonScholarship@lhcla.com** by you or the person who filled out the form, or mailed to the address listed below. It must be received by the Application Deadline of June 30.

Randon Costello Scholarship Endowment Fund
c/o Leading Health Care of LA
114 W. Vermilion St.
Lafayette, LA 70501

PLEASE NOTE: This application form and all accompanying information must be submitted by deadline date of June 30th.

APPLICANT APPRAISAL FORM

TO THE APPRAISER: You have been asked to provide information in support of this student's application for the Randon Costello Scholarship Endowment Fund. Please give immediate and serious attention to the statements below. When complete, you may mail this form directly to the address below postmarked no later than June 30; email to the email address, or you may return the form to the applicant for submission.

Randon Costello Scholarship Endowment Fund
c/o Leading Health Care of LA
114 W. Vermilion St.
Lafayette, LA 70501
RandonScholarship@lhcla.com

APPLICANT NAME: _____

The applicant's choice of a primary, secondary or postsecondary educational program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his / her ability.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and/or community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Appraiser's Name: _____ Title: _____ Phone: (____) _____

Signature: _____ Date: _____

Appraiser's Work / School Address: _____

City _____ State _____ Zip _____