

## Trailblazer Leadership Program Application

NOTE: Funding for the Trailblazer Leadership Program is contingent upon appropriations.

Instructions: Please complete the entire application. Only completed applications will be reviewed. Applications must be received by Friday, May 5, 2017. This program helps students learn, promote and provide college access to their peers at their high school during their senior year. The program requires the participant to attend meetings (in-person and on-line) throughout their senior year of high school. The first meeting will be a webinar on May 24, 2017. If funding is appropriated, scholarships will be awarded to participants in the program at the end of the 2017-2018 academic year.

A. STUDENT INFORMATION								
First Name:					e Initial:			
Last Name:				Suffix				
Address:								
City:		S	tate:	Zip Co	ode:			
Date of Birth:		E	E-Mail Address:					
Home Telephone Number:			Cell Phone Number:					
High School Atte	ended:							
<b>B. LEADERSH</b>	HIP QUALIFICATIONS	i						
Provide the names of clubs, activities, and/or athletic teams in which you have participated . Indicate the years of participation, any leadership positions held, honors/awards, and in the case of athletics, whether you received a Varsity letter or served as captain of the team. List any community or school-related activities and recognition you have received including events that you have organized or led.								
Organization/ Activity	Grades	Le	Leadership Positions Held		Honors & Awards			

## **C. COMMUNICATION EXPERIENCE**

Trailblazers must be capable of effectively communicating ideas. List all public speaking engagements including the name of the event at which you spoke and the topic of your speech. List any other examples of your communication skills including writing for school and other organizations. Examples of writing include newsletters, bulletins, blogs, creative writing, etc.

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D. CHALLENGE QUESTION:					
What do you consider to be the biggest obstacles that you and your peers face in going to college? How would you help yourself and others overcome these obstacles?					

E. APPLICANT SIGNATURE						
I certify that the above information is correct.						
Name: (Print)						
Signature:	Date:					
F. PARENT/CUSTODIAN INFORMATION						
First Name:						
Last Name:	Suffix:					
Home Telephone Number:	Parent Cell Phone Number	er:				
Parent E-Mail Address:						
If selected, I hereby authorize my child's participat	ion in the LOSFA Trailblaz	zer Program.				
Name: (PRINT)						
Signature:		Date:				
G. COUNSELOR CERTIFICATION						
Full Name of High School:						
<ul> <li>Trailblazer Eligibility Requirements:</li> <li>Student will be classified as 'Senior' during the 2017-2018 Academic Year</li> <li>High School GPA of 2.5 or above on a 4.0 scale</li> <li>In good standing as defined by the high school</li> <li>Has shown interest in post-secondary education and financial opportunities</li> </ul>						
School Counselor E-mail Address:						
Name: (Print)						
My signature certifies that this student meets a as a LOSFA Trailblazer.	all of the requirements a	nd is eligible to serve				
Signature:		Date:				
E-mail the completed application to tbapps@la.gov. You may also submit your application via fax to (225) 208-1496 or by mail to LOSFA, Trailblazer Leadership Program, P.O. Box 91202, Baton Rouge, LA 70821-9202. Letters of recommendation are optional and may be sent with the completed application. Applications must be received in our office by May 5, 2017. If your application is received after the deadline, it will not be considered.						
DO NOT WRITE IN THE SPACE BELOW - FOR OFFICE USE ONLY						
Date Application Received:						
By:						
Approved: 🗅						
Denied:						