







**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:

Parent E-Mail Address:

If selected, I hereby authorize my child's participation in the LOSFA Trailblazer Program.

Name: (PRINT)

Signature:

Date:

**G. COUNSELOR CERTIFICATION**

Full Name of High School:

Trailblazer Eligibility Requirements:

- Student will be classified as 'Senior' during the 2017-2018 Academic Year
- High School GPA of 2.5 or above on a 4.0 scale
- In good standing as defined by the high school
- Has shown interest in post-secondary education and financial opportunities

School Counselor E-mail Address:

Name: (Print)

My signature certifies that this student meets all of the requirements and is eligible to serve as a LOSFA Trailblazer.

Signature:

Date:

E-mail the completed application to [tbapps@la.gov](mailto: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: