



# Trailblazer Leadership Program Application



Louisiana Office of Student Financial Assistance  
A Program of the Board of Regents

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

This program helps students learn about, 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, via phone, and on-line) throughout the academic year of high school. If funding is appropriated, scholarships may be awarded to participants in the program at the end of the 2019-2020 academic year. Please complete the entire application. Only completed applications will be reviewed. Applications must be received by Wednesday, September 18, 2019.

## **A. STUDENT INFORMATION**

First Name:			Middle Initial:		
Last Name:			Suffix:		
Address:					
City:		State:		Zip Code:	
Date of Birth:		E-Mail Address:			
Home Telephone Number:			Cell Phone Number:		
School Name:					

## **B. LEADERSHIP QUALIFICATIONS**

Provide the names of clubs, activities, and/or athletic teams in which you have participated . Indicate the years of participation, any leadership positions held, and honors/awards. List any community or school-related activities and recognition you have received including events that you have organized or led.

Organization/ Activity	Grades	Leadership Positions Held	Honors & Awards





**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 Leadership Program.

Name: (PRINT)

Signature:

Date:

**G. COUNSELOR CERTIFICATION**

**Full Name of High School:**

**Trailblazer Eligibility Requirements:**

- Student will be classified as 'Freshman', 'Sophomore', 'Junior', or 'Senior' during the 2019-2020 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 aid 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 September 18, 2019.**

**DO NOT WRITE IN THE SPACE BELOW - FOR OFFICE USE ONLY**

Date Application Received:

By:

Approved:

Denied: