

LaSalle High School Alumni Association Scholarship Award: \$1,000 (2), Due Date: February 26, 2024

Guidelines:

- Applicant must be attending a college or trade school in 2024
- Applicant must be either related to a LaSalle High School alum, an Association member or have attended a school in the LaSalle area of Niagara Falls New York.
- Application should reflect your dedication to community service, highlight the impact you have made, and outline your future aspirations to continue giving back.

Requirements:

- Completed Application Form
- A typed one-page listing of
 - School: courses, activities, offices held, honors received or any special interests
 - Community: community service/involvement, volunteer work, job experiences, etc.
- Essay
 - Submit a typed double-spaced (500- word limit) essay that explains how your school activities or community involvement has influenced the ways you plan to make a difference in the future.
- Letters of recommendation: supporting your volunteerism or community support. (no more than three)

ALL REQUIREMENTS in GOOD ORDER Due to Guidance: February 26, 2024

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LaSalle High School Alumni Association, Inc.

2024 Scholarship Application

The LaSalle High School Alumni Association will be awarding two \$1000 scholarships. Both scholarships are exclusively being offered to those planning to attend a college or trade school in 2024, who have demonstrated a remarkable commitment to community service and volunteerism in their community. These scholarships represent our alumni community's enduring commitment to both education and service. By awarding these scholarships, we aim to empower and inspire others to continue making a positive impact on the lives of others as they embark on their chosen path of higher education. We firmly believe that individuals who exemplify compassion and a drive to help others deserve recognition and support in their pursuit of academic and career goals.

Thank you for considering the LaSalle High School Alumni Association Scholarship as you take the next steps towards your educational and service-oriented journey.

Eligibility:

- Applicants must be either related to a LaSalle High School alum, an Association member or have attended a school in the LaSalle area of Niagara Falls New York.
- Your application should reflect your dedication to community service, highlight the impact you have made, and outline your future aspirations to continue giving back.

Criteria: Applications will be reviewed and be selected based on the applicant's:

- Course of Study
- Extracurricular Involvement
- Community Service
- Leadership Qualities
- Personal Essay
- Personal Interview
- Proof of School Enrollment

The following information should be included in your application package:

1. **The Scholarship Application Form** (page 2)
2. **A typed one-page listing of:**
 - School: courses, activities, offices held, honors received or any special interests
 - Community: community service/involvement, volunteer work, job experiences, etc.
3. **A typed double-spaced (500-word limit) essay** that explains how your school activities or community involvement has influenced the ways you plan to make a difference in the future.
4. **Letter(s) of recommendation** supporting your volunteerism or community support. (no more than three)

Return the COMPLETE application package by March 1st 2024 to

LaSalle HS Alumni Association
PO Box 153, 9860 Niagara Falls Blvd
Niagara Falls NY 14304

LaSalle High School Alumni Association, Inc.

2024 Scholarship Application Form

(please type or print clearly)

Please type or print the following information. Remember to include all forms listed above in typed or print format.

NAME: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

HIGH SCHOOL: _____ GRAD DATE: _____ BIRTHDATE: _____

PARENT/GUARDIAN'S NAME(S): _____ PHONE: _____

YOUR EMPLOYER(S): _____

DID YOU ATTEND A LaSALLE SCHOOL? _____ WHERE? _____

ARE YOU RELATED TO A LaSALLE HIGH SCHOOL ALUM? _____ RELATIONSHIP _____

NAME/GRAD YEAR:

COLLEGE/OR HIGHER EDUCATION SCHOOL INFORMATION:

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

Schools Applied to: _____

Course of Study (Major): _____

IDENTIFY ANY OTHER FINANCIAL ASSISTANCE YOU EXPECT TO RECEIVE OR EARN:

(no need to include amounts - just check if applicable)

Family Support

GI Bill (Military Mbr or Dependent)

Work Study/Part-Time Job

Employer Tuition Reimbursement

Other Scholarships

Other: _____

Grants

Other: _____

Include any other financial information that would affect your need for financial assistance:
