DEPARTMENT OF LOUISIANA AUXILIARY to the VETERANS OF FOREIGN WARS "BOREL CONTINUING EDUCATION SCHOLARSHIP" APPLICATION

*Please complete this application in it's entirety

*Deadline for submission of this application is May 30th prior to Fall College semester

Section I – Personal Details			
Name		Date of Birth	Social Security Number
Address			
Personal Contact no. G	uardian & Residential Cont	act no. & address, if d	ifferent from above
Member Name joining under and	Aux. #		membership #
Section II – Academic Details			
Name of High School/last College attended	GPA acquired		
ACT or SAT scores (if applicable)	Expected	Major or Degree	
List any Activities that you have been invol 1 2 3.			
4			
 ** PLEASE ATTACH VERIFICATION OF F determine need. *Please use additional sheet of paper for ye goal will mean to you. *Please attach most recent transcript and Forward completed application and attach 	our essay explaining w verification of college	vhy you are pursui	ng this major and what achieving your ning institute enrollment
Applicants Signature	Date		