

**Agnes Morris Education Scholarship Application**  
**BPW/LA**  
**1424 Evangeline Road**  
**Glenmora, LA 71433**  
Phone: 318-748-7603

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone# \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)  
Email: \_\_\_\_\_

Name of High school you attended \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Yr. Graduated \_\_\_\_\_  
GPA in high school \_\_\_\_\_

College/school entrance tests taken/scores: \_\_\_\_\_  
What school/college/university do you plan on attending? \_\_\_\_\_  
What course of study do you plan to pursue? \_\_\_\_\_  
\_\_\_\_\_  
Length of time needed for this course of study \_\_\_\_\_

If you have attended college in the past, give a brief history (include course of study/GPA/dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other sources of funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LO INFORMATION (IF APPLICABLE)**

Contact information for LO:

Name of scholarship applicant's LO \_\_\_\_\_  
LO President's name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)  
Email: \_\_\_\_\_

How long has the scholarship applicant been a member of your LO? \_\_\_\_/\_\_\_\_ years/months

Offices/chairs scholarship applicant has held/now holds in the LO/District/State level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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We the undersigned officers of the \_\_\_\_\_ LO do declare that our LO endorses \_\_\_\_\_ for this scholarship and that the information furnished on this form is correct on \_\_\_\_\_ (DATE).

\_\_\_\_\_  
Signature of LO President                                  Signature of LO Treasurer

**MAL/SAL ENDORSEMENT (IF APPLICABLE)**

We the undersigned officers of The Louisiana Federation of Business and Professional Women do endorse \_\_\_\_\_ for this scholarship and that the information furnished on this form is correct on \_\_\_\_\_ (DATE).

\_\_\_\_\_  
Signature of State President                                  Signature of State Treasurer

I, \_\_\_\_\_ have read and fully understand the terms for The Agnes Morris Education Scholarship. I certify that the facts given in this scholarship application and accompanying documents are true and correct. I further agree to comply with all terms and conditions of this scholarship should I be selected as a recipient.

\_\_\_\_\_  
Signature of Scholarship Applicant                                  Date

Please use the space below to tell BPW/LA why you want this scholarship and what you plan to use it for (250 words or less). You may put this on a separate page and attach it to this form.

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