

Livingston Parish Chamber of Commerce

Ability Beyond Scholarship Application

Students:

Thank you for your interest in the Livingston Parish Chamber of Commerce's scholarship program, funded and administered through the generosity and investment of chamber member businesses. Chamber scholarships are available to **graduating seniors** who attend schools in **Livingston Parish**. Ability Beyond Awards are dedicated to students that receive 504 IAP or IEP Special Education Services. Scholarship are **\$500** each.

For proper application completion, please download this fillable form which allows you to complete the process at your convenience and make changes before finalizing for submission.

*****APPLICATION AND ESSAY MUST BE TYPED TO QUALIFY FOR AWARDS*****

To qualify for scoring, applicants must submit **FOUR complete packets with the following items in each packet:**

- The completed application with all fields filled.
- An official copy of your transcript signed by your counselor.
- A completed essay as noted on the application : 300 - 500 words.
- TWO** letters of recommendation. (note: you must have two letters of recommendation)
- Additional signature by counselor affirming participation in 504 IAP or IEP.

To assure accuracy, we recommend that you review your packet with your counselor. Completed application packets can be submitted in the following manner by **March 7, 2019**. Either:

- In person, individual delivery to the chamber office no later than 4:00 p.m. March 7, 2019
- Bulk in person delivery through your guidance counselor at each counselors discretion.
- Via parcel post - post marked by **March 7, 2019**

March 7, 2019 – Applications and supporting documents due no later than 4:00 p.m.

March 22, 2019 – Awarded students & counselors notified

April 8, 2019 – RSVP due for April 10th event

April 10, 2019 – Scholarship Presentation Event with awarded students, guests & sponsors

Dec. 27, 2019 – Deadline to provide acceptance letter from an approved institution and other final documents before funds are released.

Livingston Parish Chamber of Commerce
248 Veterans Blvd.
Denham Springs, LA 70726
(225) 665-8155

Office Hours:
Monday - Thursday 9 a.m. - 4 p.m.
Friday 9 a.m. to Noon

Applicant Information

Application **must be typed** and all fields completed. Only completed applications will be considered.

Last Name	
First Name	
Middle Initial	
Street Address	
City, State	
Zip Code	
Phone / Cell	
E-Mail Address	

Education Information

High School	
Graduation Date	

Introductory Question

Briefly describe your understanding of the Livingston Parish Chamber of Commerce and the Chamber's role in Livingston Parish and the community.

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LETTERS OF RECOMMENDATION

Please provide **TWO LETTERS** of recommendation on behalf of your application for this award. Letters may be written by a teacher, guidance counselor, principal, coach, mentor, employer, preacher, minister or other adult who testifies on behalf of your personal character, scholastic performance and / or work ethic. Letters should include characteristics that are the applicants greatest attribute and the applicants potential for future achievement.

SCHOLASTIC

- I. List all honors or advanced placement (AP) programs you are currently enrolled in or have completed. If more space is needed, please list on a separate sheet of paper.

- II. Please provide a list of academic competitions you have participated in here. If more space is needed, please list on a separate sheet of paper.

INVOLVEMENT IN SCHOOL / EXTRA-CURRICULAR ACTIVITIES

- I. **School / Extra-Curricular Involvement:** Please list and describe your participation in any organizations, clubs, sports activities. Please note the length of time you participated in these activities. If more space is needed, list on a separate sheet of paper.

- II. **School / Extra-Curricular Leadership Roles:** Please list any **leadership roles** held in the above activities and the duties required in these roles. If more space is needed, list on a separate sheet of paper. (examples—president, officer, treasurer, chairperson, instructor, event leader, etc.)

SERVICE TO YOUR COMMUNITY

- I. **Community Involvement:** Please list your membership, participation, and any volunteer community services you are actively involved in or have participated in for your community. Also, list the length of time you have been involved with these programs. If more space is needed, list on a separate sheet of paper.

- I. **Community Leadership Roles:** Describe any positions of **leadership responsibilities** you have held for community organizations. Also, list the length of time you held these positions. If more space is needed, list on a separate sheet of paper. (examples—president, officer, treasurer, chairperson, instructor, event leader, etc.)

ESSAY SECTION

Please choose one of the following essay topics. The essay must be **TYPED, DOUBLE SPACED**, 300 – 500 words and submitted on 8½ by 11 paper. Title each essay as follows:

Essay Section ~ Topic 1

Essay Section ~ Topic 2

Essay Section ~ Topic 3

Essay Section ~ Topic 4

Topic 1 – WHO I AM - Imagine yourself telling your grandchildren all that you have accomplished in your life. Tell us the story of the person that you believe yourself to be. Indicate an additional information you feel would distinguish yourself from other applicants.

Topic 2 – OBSTACLE – What is the most challenging obstacle you have faced and how did you overcome it? How will this help you in your future plans?

Topic 3 – COMMUNITY INVOLVEMENT – Tell us about your community involvement. For instance, how it inspired you, what you feel you were able to give to others, and why you feel community is important.

Topic 4 – BUSINESS ADVICE – Tell us, from a student’s perspective, what reasons you would give a business for moving to Livingston Parish.

SIGNATURE REQUIRED

Your signature and your parent / legal guardian are required **in each of the two sections** below. Please read before signing.

1. I attest by my signature, that the information included in this application is truthful, correct and my own work. Winners and guest(s) will be invited to attend a special Chamber meeting for public presentation of my scholarship.

Applicant's Signature: _____

Applicant's Name Printed: _____

504 IAP services or IEP special education services applicant – please check: YES NO

Guidance Counselor Signature (to verify 504 IAP or IEP): _____

Guidance Counselor's Name Printed: _____

Date: _____

Incomplete or unsigned applications will not be considered for this scholarship.

2. Publicity Authority -If selected, the Chamber reserves the right to use my name, photo and likeness for appearances for television commercials, radio and newspaper used specifically for the promotion for the Chamber and its Education & Careers Initiatives.

Applicant's Signature: _____

Applicant's Name Printed: _____

Date: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Date: _____

Please note: Funds awarded are subject to IRS compliance and regulations.