

GEAUX TEACH SCHOLARSHIP APPLICATION

INSTRUCTIONS: Complete this application if you are interested in applying for a Geaux Teach Scholarship.

If you need assistance completing this application, call 800-259-5626 or e-mail geauxteach@la.gov. Your completed application should be turned into your College of Education you marked in Section III.

Section I. Applicant Information.

1. First Name: _____ Middle Initial: _____ Last Name: _____
2. Permanent Address: _____
Street (include apartment number, if applicable) City State Zip Code
3. Mobile Phone Number: _____ Alternate Phone Number: _____
4. Applicant's Date of Birth: _____ 5. Applicant's LOSFA ID: _____
(If you do not know or have your LOSFA ID number, leave this blank)
6. Louisiana Driver's License Number or State-Issued ID Number: _____
7. Email address: _____
8. Are you a U.S. citizen? Yes No 9. How long have you been a Louisiana Resident? _____
10. If required, are you registered with Selective Service? Yes No Not Applicable
11. Are you enrolled in a full-time program? Yes No
12. Which degree are you seeking? Undergraduate Teacher Certification
13. What is your field of study? _____
14. Have you previously received a Geaux Teach Scholarship? Yes No
15. If you answered yes to Question 14, how many semesters have you received this scholarship? _____

Section II. Please check only one box that applies to you

- I certify that I am an undergraduate student majoring in education and have at least a 2.50 cumulative grade point average.
- I certify that I have a bachelor's degree and that I am enrolled full-time in a certified alternative teacher preparation program.

Section III. Please type your school or alternative provider name in the space below.

Section IV. Signature.

BY SIGNING BELOW OR BY SUBMITTING THIS FORM TO LOSFA I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED TO LOSFA IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

Printed Name of Applicant: _____