

The Leonard P. Monteleone, Jr. Scholarship Award

Purpose

The purpose of the scholarship is to help worthy recipients to supplement the costs associated with attendance at any state-funded college or university in Louisiana.

Eligibility

The Applicant must be a legal resident of St. Tammany Parish and a graduate of a public high school of said Parish. The Applicant must have completed all of his/her public high school program (Grades 9-12) in the public schools of St. Tammany Parish.

Any student shall be eligible to apply, if he/she has a 3.0 grade point average in the core curricula as outlined by the State of Louisiana's T.O.P.S. program and a composite ACT Score of 22 or higher.

Application

A completed scholarship application shall include an application form, a copy of the student's seven (7) semester high school transcript, a copy of the student's resume' and three letters of recommendation.

The deadline for receipt of the application shall be Friday, March 17 of the application year. Incomplete applications and applications received after the deadline shall not be considered.

Award Amount

The scholarship shall be a maximum of \$1,000.00, to be awarded in equal amounts per semester during the first year only. If the college/university follows a quarter system, the award will be allotted for the fall, winter, and spring quarters.

Selection

A committee will assemble to review the applications to determine the recipient. The committee will consider grade point average, involvement in student activities, community involvement, and other important criteria it may establish. Committee members will include the Superintendent of the St. Tammany Parish School System or a designee, a supervisor of the School System, a representative of the St. Tammany Association of Retired Educators, a representative of the St. Tammany Federation of Teachers and school Employees, and a representative of the Monteleone family.

Award Announcement

Once the recipient has been determined, an award letter will be presented. The letter will notify the student of the award and request the student to respond with his or her acceptance of the

award and the mailing address of the college/university of their choice. A statement signed by the student granting the college/university permission to release his/her transcripts at the end of each semester/quarter will be required. In the event that the selected student declines the award, another student will be selected to receive the award.

Award Payment

The total amount of the scholarship shall be deposited in equal semester/ quarter percentages at the college/university for the student to use for fees and expenses associated with enrollment. The portion for the second semester/quarter shall not be paid until the transcript for the first semester has been reviewed and approved. To be eligible for continuing payment, the student must maintain full-time enrollment (12 hours per semester or 8 hours per quarter) and earn at least a 2.5 (on a 4.0 scale) GPA. If a student does not meet these requirements, funds will not be paid for the second semester or subsequent quarters. Any balance in the recipient's account at the end of their freshman year will revert back to the Leonard P. Monteleone, Jr. Scholarship Fund.

LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND CHECK LIST

All of the following items **MUST** be on file in the St. Tammany Parish School Board before an individual's name will be submitted to the board trustees for its consideration.

- You must attend state-funded Louisiana college or university.
- A Formal Application – File between the end of the first semester and Friday, March 17, of the Applicant's senior year. (These forms may be obtained from the St. Tammany Parish School Board or your high school principal.) Please be sure to include a recent photo of yourself.
- Have your guidance counselor sign the first page of your application, verifying your ACT scores with a composite of 22 or higher and TOPS core curricula GPA of 3.0.
- The Applicant's high school transcript showing grades through the end of the first semester of his/her senior year. (These grades must establish that the applicant maintained a four-year school average of 3.0 points or above in the TOPS Core Curricula.)
- Include three "Request for Recommendation" forms, one from each of the following:
 1. Your high school principal
 2. Your local minister, high school guidance counselor, or community member.
 3. One of your high school teachers.
- Include a copy of your ACT scores with a composite score of 22 or higher.
- Include a brief essay typed, not written, on why you feel you deserve this award and a copy of your resume. The essay should be no longer than one page.

ALL INFORMATION IS CONFIDENTIAL

Please return to: Leonard P. Monteleone, Jr. Scholarship Fund
St. Tammany Parish School Board
P.O. Box 940
Covington, Louisiana 70434

**Attach recent
photograph of
yourself here**

LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND
Application Form

Name _____
Last First Middle

Home Address _____
Street City Parish State Zip

Home Phone _____ Date of Birth _____ Sex _____ Year of Graduation _____

High School from which you will graduate _____
School Address

Name of Principal _____ Guidance Counselor _____

Rank in your graduating class _____ Number of students in class _____ Your overall GPA _____

Is your father alive? Yes _____ No _____ Is your mother alive? Yes _____ No _____

Major field of study while attending college? _____ College Choice: _____

If undecided, list at least two fields of interest: _____

What are your career plans? _____

GPA in T.O.P.S. Core Curricula _____

ACT Scores: English _____ Math _____ Reading _____ Science _____ Composite _____

I attest that the GPA and ACT scores for this student are accurate. _____

Guidance Counselor's Signature

In the space below, list the scholastic and honorary awards that you have received during your high school career. Also, include any school activities in which you have participated that you consider important accomplishments. (Attach a separate page if necessary.) Do NOT attach copies of the awards.

Attach a short summary of why you feel that you are deserving of this award. This application should be accompanied by three (3) "Request for Recommendation" forms, one from each of the following: your Principal, one of your teachers, and your local minister, Guidance Counselor, or community leader.

FINANCIAL INFORMATION

PROBABLE INCOME FOR ACADEMIC YEAR

- Savings to be used (from summer earnings, etc.) \$ _____
- Prospective earnings from part-time work during academic year. _____
- Financial aid to be received from parents during academic year. _____
- Financial aid from other relatives or friends during the academic year. _____
- Scholarships and grants applicable to academic year. _____
- Other sources of income during academic year. _____

TOTAL ESTIMATED INCOME FOR ACADEMIC YEAR \$ _____

Your Parent's Resources:

Name of father of guardian _____ Occupation _____

Name of employer _____ Annual Income _____

Name of mother or guardian _____ Occupation _____

Name of Employer _____ Annual Income _____

Including you, how many children are dependent upon the family income for financial support? _____

Including you, how many children will be attending college during the coming school year? _____

To certify that the information given is true and correct to the best of your knowledge, please sign below.

Signature _____ Date _____

LEONARD P. MONTELEONE, JR. SCHOLARSHIP FUND

P.O. BOX 940
COVINGTON, LOUISIANA 70433

REQUEST FOR RECOMMENDATION

Any information given in completing this check list will be held in strict confidence. We would greatly appreciate your cooperation in this request.

Applicant's Name _____ School _____

Check each of the items below in one of the columns	Excellent	Above Average	Average	Below Average	Inferior
Citizenship					
1. Respect for Public Property					
2. Consideration of Others					
3. Patriotism					
Character					
1. Honesty					
2. Loyalty					
3. Courage					
4. Responsibility					
Personal					
1. Grooming					
2. Courtesy					
3. Manners					
4. Cheerfulness					
Service					
1. School					
2. Community					
Overall Evaluation					

Additional Remarks _____

Signed _____ Title _____

Date _____

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P.O. BOX 940
COVINGTON, LOUISIANA 70433

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