Louisiana Office of Student Financial Assistance
A Program of the Board of Regents

Trailblazer Leadership Program Application

NOTE: Funding for the Trailblazer Leadership Program is contingent upon appropriations.

This program helps students learn about, promote and provide college access to their peers at their high school during the senior year. The program requires the participant to attend meetings (in-person, via phone, and on-line) throughout the academic year of high school and complete program-wide college access initiatives.
Please complete the entire application. Only completed applications will be reviewed. Applications must be received by Thursday, September 30, 2021.

A. STUDENT INFORMATION

First Name:		Middle Initial:
Last Name:		Suffix:
Address:		
City:	State:	Zip Code:
Date of Birth:	E-Mail Address:	
Home Telephone Number:	Cell Phone Number:	
School Name:		

B. LEADERSHIP QUALIFICATIONS

Provide the names of clubs, activities, and/or athletic teams in which you have participated . Indicate the years of participation, any leadership positions held, and honors/awards. List any community or school-related activities and recognition you have received including events that you have organized or led.

Organization/ Activity	Grades	Leadership Positions Held	Honors & Awards

C. COMMUNICATION EXPERIENCE

Trailblazers must be capable of effectively communicating ideas. List all public speaking engagements including the name of the event at which you spoke and the topic of your speech. List any other examples of your communication skills including writing for school and other organizations. Examples of writing include newsletters, bulletins, blogs, creative writing, etc.

D. CHALLENGE QUESTION:

What do you consider to be the biggest obstacles that you and your peers face in obtaining a postsecondary education? How would you help yourself and others overcome these obstacles?

E. APPLICANT SIGNATURE

I certify that the above information is correct.

Name: (Print)

Signature:	Date:

F. PARENT/CUSTODIAN INFORMATION

First Name:

Last Name:	Suffix:

Home Telephone Number:	Parent Cell Phone Number:

Parent E-Mail Address:

If selected, I hereby authorize my child's participation in the LOSFA Trailblazer Leadership Program.

Name: (PRINT)

Signature:	Date:

G. COUNSELOR CERTIFICATION

Full Name of High School:

Trailblazer Eligibility Requirements:

- ❏ **Student will be classified as 'Senior' during the 2021-22 Academic Year**
- ❏ **High School GPA of 2.5 or above on a 4.0 scale**
- ❏ **In good standing as defined by the high school**
- ❏ **Has shown interest in post-secondary education and financial aid opportunities**

School Counselor E-mail Address:

Name: (Print)

My signature certifies that this student meets all of the requirements and is eligible to serve as a LOSFA Trailblazer.

Signature:	**Date:**

E-mail the completed application to tbapps@la.gov. You may also submit your application via fax to (225) 208-1496 or by mail to LOSFA Trailblazer Leadership Program, P.O. Box 91202, Baton Rouge, LA 70821-9202. Letters of recommendation are optional and may be sent with the completed application. Applications must be received in our office by September 16, 2021.

DO NOT WRITE IN THE SPACE BELOW - FOR OFFICE USE ONLY

Date Application Received:

By:

Approved: ❏

Denied: ❏