



Sickle Cell Association of South Louisiana

Dear Client:

This year we are pleased to announce the Aireus J. Taylor Academic Scholarship. Mrs. Priscilla Smith, grandparent of Aireus J. Taylor has established the award in honor of Aireus' brave fight and courage in living with sickle cell disease.

The academic scholarship is for graduating high school students with sickle cell that are planning to attend a college, university, or trade school. The criteria have been established by the Board of Directors. This scholarship will be an annual award. The first award was given in May 2013.

If you are interested in applying for the scholarship, we have enclosed the criteria and application. The deadline for the turning in the scholarship packet will be **Monday, March 9, 2020.**

Sincerely,

Lorri Burgess
Chief Executive Officer

Enclosures



Sickle Cell Association of South Louisiana

Aireus J. Taylor Scholarship APPLICATION GUIDELINES

1. Read Scholarship definition and review application.
2. Gather your data.
3. Contact your references as soon as possible.
4. Highlight your achievements and promote yourself.
5. Do a rough draft of your essay.
6. Be specific and give examples in your essay.
7. Review and rewrite your essay.
8. Proofread essay for typographical and grammatical errors.
9. Please include **all** requested documentation with completed application (no information will be accepted under separate cover).
10. Submit 5 X 7 photograph with application. NOTE: ONLY **HEADSHOT PHOTOGRAPHS** WILL BE ACCEPTED (Photographs will not be returned and may be used for publications).
11. Make certain that counselor's reference and high school transcript are received in a sealed, untampered school envelope.
12. Do not submit information that has not been requested.



Sickle Cell Association of South Louisiana

APPLICATION DEADLINE: MARCH 9, 2020

SCHOLARSHIP AWARDED: MAY

PURPOSE: TO PROVIDE FINANCIAL ASSISTANCE TO A SICKLE CELL CLIENT WHO WOULD LIKE TO CONTINUE THEIR EDUCATION AFTER HIGH SCHOOL.

NUMBER OF AWARD:

ONE AWARD WILL BE GIVEN AT \$500.00 FOR THE FALL SEMESTER.

WHO QUALIFIES:

- **GRADUATING HIGH SCHOOL SENIORS**
- **INDIVIDUAL WITH SICKLE CELL DISEASE (INDIVIDUALS WITH SICKLE CELL TRAIT ARE NOT ELIGIBLE)**
- **A MEMBER OF BATON ROUGE SICKLE CELL ANEMIA FOUNDATION**

QUALIFICATIONS/SELECTION FACTORS:

- **GRADE POINT AVERAGE: MINIMUM OF 2.0**
- **COMMUNITY SERVICE**
- **QUALITY OF ESSAY**

ESSAY TOPIC:

- **Candidates will be asked to write a personal essay, not to exceed 500 words, on any aspect of the impact of sickle cell disease on their lives or on society.**

CONTACT: OFFICE AT 225.346.8434 OR VIA EMAIL INFO@SCASL.ORG



Sickle Cell Association of South Louisiana

**AIREUS J. TAYLOR ACADEMIC SCHOLARSHIP
SCHOLARSHIP APPLICATION AWARD**

PERSONAL INFORMATION

Name _____

Last

First

Middle

Social Security Number _____

Home Address _____

City _____ Stage _____ Zip _____

Telephone Number _____

Email Address _____

High School _____ Dates Attended _____

Counselor's Name _____ Telephone Number _____

Primary Interests in high school (academic, sports, other) _____

Careers / Professional schools applied to: _____

Colleges / Professional schools applied to: _____

Top choice for college/ professional school _____

Expected date to begin college / professional school _____

Current Grade Point Average _____

List any awards / honors you have received during high school _____

List any leadership positions you have held during high school _____

FAMILY INFORMATION

Father's Name _____ Living in your household? Yes No

Father's Occupation _____

Father's Address (if different from above) _____

High School Graduate Yes No College Graduate Yes No

Mother's Name _____ Living in your household? Yes No

Mother's Occupation _____

Mother's Address (if different from above) _____

High School Graduate Yes No College Graduate Yes No

List your brothers and sisters:

Name	Age	High School Graduate	Attend College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

List other scholarships for which you have applied, plan to apply or have received _____

Estimate the total cost of your education for next year _____

List any employment experience during high school:

Employee and Job Type	Date of Employment	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED SUPPORT DOCUMENTATION

- Applicants must submit a personal essay, **not to exceed 500 words**, on any aspect of their choice, on the impact of sickle cell disease on their lives or on society (**ESSAY MUST BE TYPEWRITTEN**).
- A current high school transcript (unofficial) must be submitted. Arrange this in Advance with your high school counselor (**SHOULD BE SUBMITTED IN A SEALED SCHOOL ENVELOPE**).
- Attach a current 5x7n personal photograph (**head shot only**) to your application.
- Include two references with your application, one from your high school counselor (or a teacher that you know well) and one from a person familiar with you for at least two years. Forms are provided for each reference.
- A letter of certification from your physician verifying that you are an individual With sickle cell disease.

Physician's Phone Number _____

Submit all the above completed in full, and **postmarked no later than March 9, 2020 to:**

**Aireus J. Taylor Scholarship Committee
Sickle Cell Association of South Louisiana
2301 North Boulevard
Baton Rouge, Louisiana 70806**

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

COMMUNITY SERVICE ACTIVITIES

List your community service activities while in high school. (Please attach additional sheet if additional space is needed). Be sure to name the organizations, cause, person or primary group that benefited. State what you did to contribute.

<u>Dates</u>	<u>Activity</u>	Hours per week	<u>Your Role</u>
<u>Freshmen Year</u>			
<u>Sophomore Year</u>			
<u>Junior Year</u>			
<u>Senior Year</u>			

Briefly tell us what you have enjoyed most about your community service:

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Sickle Cell Association of South Louisiana

AIREUS J. TAYLOR ACADEMIC SCHOLARSHIP

Counselor / Teacher Evaluation

Must be submitted in a sealed, untampered, school stationery envelope

Applicant Name _____

High School _____

How long have you known the applicant? _____

Please verify and state applicant's GPA _____

In your opinion is the student eligible for the school(s) to which he/she is applying?

Yes

Perhaps

Somewhat unrealistic

No

Based on your knowledge of the candidate, how would you rate his/her academic promise?

Excellent

Above Average

Acceptable

Issues of concern

Comment if you wish (attach additional sheet if required)

Signature

Date



Sickle Cell Association of South Louisiana

**AIREUS J. TAYLOR ACADEMIC SCHOLARSHIP
PERSONAL REFERENCE**

Applicant Name _____

Your Name _____

Address _____

Phone Number _____

How long have you known the applicant? _____

Describe the context from which you know the applicant:

Signature

Date