



Aireus J. Taylor Scholarship Packet

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**
SOUTH LOUISIANA

**AIREUS J. TAYLOR ACADEMIC SCHOLARSHIP
SICKLE CELL ASSOCIATION OF SOUTH LOUISIANA
2301 NORTH BOULEVARD
BATON ROUGE, LA 70806**

APPLICATION DEADLINE: MAY 23, 2022

SCHOLARSHIP AWARDED: JUNE 7, 2022

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

NUMBER OF AWARD:

TWO AWARDS 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 SICKLE CELL OF SOUTH LOUISIANA

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



AIREUS J. TAYLOR ACADEMIC SCHOLARSHIP SCHOLARSHIP APPLICATION AWARD

PERSONAL INFORMATION

Name _____
Last
First
Middle

Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

High School _____ Dates Attended _____

Counselor's Name _____ Telephone Number _____

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

Careers/Professional plans: _____

College/Professional schools applied to: _____

Expected date to begin college/professional school: _____

Current GPA: _____

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: _____ 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 experiences during high school:

Employer 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 5x7 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 of the above, completed in full, and **postmarked no later than May 23, 2022** to:

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

_____ Applicant Signature	_____ Date
_____ Parent/Guardian 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>	<u>Hours per week</u>	<u>Your Role</u>
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			

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

Tell us the qualities you most admire in yourself:



**SICKLE CELL
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SOUTH LOUISIANA

AIREUS J. TAYLER 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



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.

The applicant is requesting scholarship aid. Based on your knowledge, please comment on his/her character. (Attach additional sheet if needed)

Signature

Date