## JOE SCHWARTZ MEMORIAL SCHOLARSHIP APPLICATION

(Last)	(First)	(Middle)
HOME ADDRESS		
SOCIAL SECURITY NUMBER	PHONE	NUMBER
RESIDENT OF LOUISIANA:YES	NO	NUMBER OF YEARS
RESIDENT OF LOUISIANA:YES LSRT MEMBERYES	NO	NUMBER OF YEARS
CATEGORY OF MEMBERSHIP: ()R.T.	( )STUDENT ( )GENE	RAL
EDUCATIONAL INFORMATION		
NAME OF SCHOOL ENROLLED IN:		
ADDRESS OF SCHOOL:		
SCHOOL PHONE NUMBER:		
MAJOR FIELD OF STUDY:		
DESIRED DEGREE/CERTIFICATE:		
HOURS COMPLETED		GPA
EXPECTED GRADUATION DATE	CLASSIFICATIO	N
	ENTLY HOLD	
PLEASE READ AND SIGN: I certify that the information provided for th	ais application is true and co	preset to the best of my knowledge
rectify that the mornation provided for th		Sheet to the best of my knowledge.
Signature of applicant		Date
List Scholastic and (or Llanarary owards and	the amount of each award	, extracurricular activities including professional and
List Scholastic and/or Honorary awards and		01

Submit application to: Jessica Despino, MSRS, R.T.(R)(MR) 375 Racetrack Road Dry Prong, LA 71423 or email to <u>lasocietyradtechs@gmail.com</u>

Revised 2014, 2017, 2018, 2023, 2024, 2025