

MICHAEL FEDERICO
KAREN HOYT
ADAM MACDOWELL
LEE SANDERS
Assistant Executive Directors



TO: All LHSAA PRINCIPALS

FROM: EDDIE BONINE, EXECUTIVE DIRECTOR

SUBJECT: LHSAA/COCA-COLA SCHOLORSHIP PROGRAM

Through the financial support of the Coca-Cola Bottling Company, one of our fine corporate partners, the LHSAA provides a college scholarship program for our student-athletes.

Coca-Cola will award two (2) \$1,500 scholarships: one (1) male and one (1) female student athletes.

Graduating senior student-athletes must have earned at least a 3.5GPA after seven (7) semesters of high school study and 24 ACT score.

The ideal candidate should possess desirable leadership qualities, displayed good citizenship throughout their school and community, have participated in non-athletic related school activities/organizations and have achieved non-athletic related school honors.

Enclosed is an outlined criteria of the scholarship program and application. All applications must be signed by the school's principal.

The LHSAA would like to thank Coca-Cola for undertaking this scholarship program and how it positively stresses the importance of academic excellence to our student-athletes.

If you have any questions, please feel free to contact Ethan Anderson at eanderson@lhsaa.org

**Eddie Bonnie** 

Executive Director, LHSAA

## SUMMARY OF THE 2023-2024 COCA-COLA SCHOLARSHIP PROGRAM

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Total of two (2): One (1) male and one (1) female student-athletes				
\$1,500 for each scholarship				
<ul> <li>Must be a 2024-25 LHSAA registered student-athlete and 2025 graduating senior</li> <li>Must have at least a 3.5 GPA after seven (7) semesters of high school study</li> <li>Must have scored at least a 24 on the ACT</li> </ul>				
MONDAY, MARCH 17, 2025 (EMAILED TO eanderson@lhsaa.org)				
Emailed to eanderson@lhsaa.org				
<ul> <li>Completed application form signed by school principal</li> <li>Official school transcript and ACT and/or SAT scores</li> </ul>				
- Letter(s) of recommendation				
- Send only the application, official transcript, and optional support documents (If submitting multiple applications, a transcript must be included with <b>each</b> application.)				
Attention: Ethan Anderson eanderson@lhsaa.org				
Sub-committee of the LHSAA Executive Committee				
Sub-committee of the LHSAA Executive Committee				
April at the LHSAA Executive Committee meeting				
March 17, 2025				
Scholarship award money will be mailed to the bursar or scholarship award office student's college/university of choice.				
Contact Ethan Anderson at eanderson@lhsaa.org				



# OFFICIAL APPLICATION FOR 2024-25 COCA-COLA SCHOLARSHIP

#### ALL APPLICATIONS MUST TYPED AND SUBMITTED VIA EMAIL

#### Submit to:

### eanderson@lhsaa.org

Emailed Application must be sent by Monday, March 17, 2025

Student's Name:    Last	GENERAL INFORMATI	ON						
High School:  School Location:  Street	Student's Name:							
High School:  School Location:  Street								
High School:  School Location:  Street				_		201 1 11		
School Location:    City			First	<u>t</u>		Midale	Calcad Obser'Cart's	
Sport(s) Student-Athlete Participates in: (Please highlight all that apply)   Boys: Football   Basketball   Track & Field   Baseball   Other:	High School:						School Classification:	
Sport(s) Student-Athlete Participates in: (Please highlight all that apply)   Boys: Football   Basketball   Track & Field   Baseball   Other:	School Location:							
Sport(s) Student-Athlete Participates in: (Please highlight all that apply)  Boys: Football Basketball Track & Field Baseball Other:  Girls: Volleyball Basketball Track & Field Baseball Other:    Personal	School Education.							
Sport(s) Student-Athlete Participates in: (Please highlight all that apply)  Boys: Football Basketball Track & Field Baseball Other:  Girls: Volleyball Basketball Track & Field Baseball Other:    Personal								
Boys: Football Basketball Track & Field Baseball Other:  Girls: Volleyball Basketball Track & Field Baseball Other:    Personal	City		Zip			Parish		
Girls: Volleyball Basketball Track & Field Baseball Other:    Personal	Sport(s) Student- Ath	lete Participat	tes in: (Please h	ighlight al	l that app	oly)		
Girls: Volleyball Basketball Track & Field Baseball Other:    Personal								
PERSONAL  Home Address:  Street  City Zip  Phone:  Bemail:  Date of Birth Place of Birth:  Age:  Resident of Louisiana Since:   ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Class Rank: ACT/ SAT Date Tested: Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?	Boys: Football	Basketball '	Track &Field	Baseball	Other:			
PERSONAL  Home Address:  Street  City Zip  Phone:  Bemail:  Date of Birth Place of Birth:  Age:  Resident of Louisiana Since:   ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Class Rank: ACT/ SAT Date Tested: Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?					0.1			
Home Address: Street  City Street  Phone:  Benail:  Age:  Resident of Louisiana Since:   ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Class Rank:  ACT/ SAT Date Tested:  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?	Girls: Volleyball	Basketball	Track & Field	Baseball	Other:			
Home Address: Street  City Street  Phone:  Benail:  Age:  Resident of Louisiana Since:   ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Class Rank:  ACT/ SAT Date Tested:  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?								
Home Address: Street  City Street  Phone:  Benail:  Age:  Resident of Louisiana Since:   ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Class Rank:  ACT/ SAT Date Tested:  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?	DEDCONAL							
Street  Phone:  Bemail:  Date of Birth  Place of Birth:  Resident of Louisiana Since:   ACADEMIC INFORMATION  (Copy of transcript must be enclosed with application)  Graduation Date:  Class Rank:  ACT/ SAT Date Tested:  Score(s):  Honors Classes  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?								
Phone:				C	itv		7in	
Date of Birth Place of Birth: Age:  Resident of Louisiana Since:  ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Carnegie Units Earner GPA: Class Rank: ACT/ SAT Date Tested: Score(s):  Honors Classes  Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?					•		Lip	
Resident of Louisiana Since:  ACADEMIC INFORMATION (Copy of transcript must be enclosed with application)  Graduation Date: Carnegie Units Earner GPA: Class Rank: ACT/ SAT Date Tested: Score(s):  Honors Classes  Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?			Place of Birth		unian.		Age:	
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Graduation Date: Class Rank: ACT/ SAT Date Tested: Score(s):  Honors Classes Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?								
Graduation Date: Class Rank: ACT/ SAT Date Tested: Score(s):  Honors Classes  Courses Level Year  What (if any) scholarships/ financial aid student had or will receive?	ACADEMIC INFORMA	TION						
Class Rank:  Honors Classes  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?	(Copy of transcript m	ust be enclosed	l with application	on)				
Class Rank:  Honors Classes  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?								
Honors Classes  Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?			Carnegie Units Earner					
Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?	Class Rank:		ACT/ SAT	Date Teste	d:		Score(s):	
Courses  Level  Year  What (if any) scholarships/ financial aid student had or will receive?								
What (if any) scholarships/ financial aid student had or will receive?							V.	
	Courses		Level				Year	
	What (if any) scholarships/ financial aid student had or will receive?							
School Counselor: Contact #:	, , , , , , , , , , , , , , , , , , ,							
School Counselor: Contact #:								
School Counselor: Contact #:								
	School Counselor:						Contact #:	

POST GRADUATE PLANS						
College:						
ajor: Minor (if applicable):						
Post College & Career Plans:						
HIGH CCHOOL CDODEC						
HIGH SCHOOL SPORTS	Crada Laval(c) Played					
Sport	Grade Level(s) Played					
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HIGH SCHOOL ORGANIZATIONS & ACTIV	VITIES					
Year	Organization/Activity					
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HIGH SCHOOL HONORS (ATHLETIC & NO						
Year	Organization/Activity					
COMMUNITY SERVICE						
Year	Organization & Responsibilities					
MODDIEG						
HOBBIES						

Student's Father		Student's Mother						
Name:		Name:						
Address:		Address:						
Home Phone:		Home Phone:						
Work Phone:		Work Phone:						
Email:		Email:						
ADDITIONAL REFERENCES								
Name	Contact No.		Affiliation/Title					
			, , , , , , , , , , , , , , , , , , , ,					
Comments/Additional Information:								
comments/rutational information.								
STUDENT STATEMENT								
Please state why you believe you are d	ecerving of this so	rholarchin						
Trease state why you believe you are a	eserving or this se	.noiai snip.						
Thereby state that to the heat of making in a she information on the little of the contract of								
I hereby state, that to the best of my knowledge, the information provided in this application is accurate.								
Student Signature:			Date:					
I hereby recommend the above mentioned student for one of the Coca-Cola Scholarships.								
Principal Name:			Date:					

**FAMILY** 

 $Official\ copy\ of\ student\ transcript\ of\ seven\ semesters\ \&\ ACT\ scores\ must\ be\ enclosed\ with\ application.$