



# Louisiana Pigment Scholarship Program

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## THE PROGRAM

Louisiana Pigment Co., L.P. has established a scholarship program to assist employees' children who plan to continue their education in college or vocational school programs. Renewable scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship America®. Scholarship America is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

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## ELIGIBILITY

Applicants to the Louisiana Pigment Scholarship Program must be -

- Dependent\* children of full-time Louisiana Pigment employees who have a minimum of one year of employment with the company as of the application deadline date.

*\*Dependent children are defined as any natural, adopted, or stepchildren of a Louisiana Pigment employee.*

- High school seniors
- Have a minimum grade point average of 2.5 on a 4.0 scale (or the equivalent).

AND

- Plan to enroll for the entire 2018-2019 academic year in full-time undergraduate study pursuing a bachelor's degree at an accredited four-year college or university in the United States.

OR

- Plan to enroll for the entire 2018-2019 academic year in full-time study at an accredited two-year college or vocational-technical school in Louisiana or Texas and be pursuing one of the following courses of study: Associate's Process Technology Degree or a Welding, Instrumentation, Electrician, Machinist, Millwright, or Pipefitter Certification.

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## AWARDS

If selected as a recipient, the student will receive an award ranging from \$1,250 to \$2,500 per year.

- Three \$2,500 awards will be granted to recipients attending an accredited four-year college or university in the United States pursuing a bachelor's degree. Awards are renewable up to three years or until a bachelor's degree is earned, whichever occurs first, on the basis of maintaining a cumulative grade point average of 2.5 on a 4.0 scale (or the equivalent), full-time enrollment, continued parental employment at Louisiana Pigment and continuation of the program by Louisiana Pigment.
- Two \$1,250 awards will be granted to recipients attending an accredited vocational-technical school in Louisiana or Texas. Awards are renewable for one additional year or until an Associate's Degree/Craft Certification is earned, whichever occurs first, on the basis of maintaining a cumulative grade point average of 2.5 on a 4.0 scale (or the equivalent), full time enrollment, continued parental employment at Louisiana Pigment and continuation of the program by Louisiana Pigment.

Awards are for undergraduate study only.

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## APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship America postmarked no later than **December 1**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course

was taken. Applicants will receive electronic acknowledgment of receipt of their application. If acknowledgment is not received within three weeks, applicants may call Scholarship America to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship America.

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### **SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, work experience, a statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of Louisiana Pigment play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in mid-February. Not all applicants to the program will be selected as recipients.

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### **PAYMENT OF SCHOLARSHIPS**

Scholarship America processes scholarship payments on behalf of Louisiana Pigment. Payments are made in one installment on August 1. The check is mailed to each recipient's home address and made payable to the school for the student.

Renewal information is sent to recipients on December 15.

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### **OBLIGATIONS**

Recipients have no obligation to Louisiana Pigment. They are, however, required to notify Scholarship America of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

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### **REVISIONS**

Louisiana Pigment reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time, including termination of the program.

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### **ADDITIONAL INFORMATION**

Questions regarding the scholarship program should be addressed to:

**Louisiana Pigment Scholarship Program**  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

Telephone: (507) 931-1682

Administered by  
**Scholarship  
AMERICA®**



# Louisiana Pigment Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline December 1

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

### APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate your status. (For statistical purposes only)  Male  Female

American Indian/Alaska Native  Black/African American  Multi-Racial  White

Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

### EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ The applicant is a dependent of the employee  Yes  No

### HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
Use official school names. Do **not** use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University  2 yr. Community or Junior College

Vocational-Technical School  Other, explain \_\_\_\_\_

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Bachelor  Associate  Certificate  Other, explain \_\_\_\_\_

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION** A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable. **This section must be completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average			SAT			ACT				
	Weighted: _____/4.0 scale			Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale										

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST** The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:  
**Louisiana Pigment Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline December 1**

**CERTIFICATION** Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_