



# National Lo-Pha Society, Inc.

## Youth Foundation College Starter Fund (Scholarship Application)

January 20, 2018

Dear Prospect Recipient of the Lo-Pha Society Youth Foundation College Starter Fund (Scholarship),

On behalf of the National Board of Directors of Lo-Pha Society, Inc., it gives me great satisfactions to know that you are applying for one of four (4) Lo-Pha Society Youth Foundation College Starter Fund is \$500.00. If received, this fund must only be used to pay for education expenses: tuition, books, and/or other educational related needs.

We know you are a talented scholar, and a great future leader of the Lo-Pha families, and have persevered well in your education thus far. However, please do be aware that only four (4) scholarships will be awarded. The scholarship committee will do its best to pick the four (4) best recipients for the 2017-18 academic years.

***If you are selected, you will be notified by the Education Committee Chair by letter or via e-mail. You will receive your scholarship fund at the Lo-Pha Society, Inc. Annual Conference. The upcoming Annual Conference will be held in Minnesota (more information will be related to you later) on May 26 & 27, 2018. You are required to attend this event to receive your award. However, if you are unable to attend the event to receive your award, you must notify the Education Committee, in advance. Also, you MUST submit a 3-5 minutes presentation about yourself and briefly describe how this "College Starter Fund" will benefit you as you begin your first year journey in College. The presentation format can be any of the following: A Power point, Video clip or Face time.***

If you have any questions or for further information, please do not hesitate to contact me at (828) 434-0778 or via email at: [maivnpib02@gmail.com](mailto:maivnpib02@gmail.com).

Wishing you the very best!

Sincerely yours,

*Mai Bee Yue Lor*

Education Committee Chair/National



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**Application Deadline: *Monday, April 16, 2018--EXTENDED***

**Estimated Notification: *April 20, 2018***

## **Award:**

Amount: \$500.00 / academic year 2017-2018

Level: High School Senior (upcoming 1<sup>st</sup> year college/university)

## **Below are requirements that applicants must meet in order to be considered:**

- Must be a family member of the Lauj or Phab clan, men (single/married) or women (single).
- A woman (Nyab) who has married into a Lauj or Phab family qualifies to apply.
- A high school senior or will start 1<sup>st</sup> year in a College/University.
- 1- Letter of Recommendation from a Lauj or Phab leader within your state (Non-family member).
- 1- Signed Affirmation Letter by your State Representative (See attachment).
- 2- Letters of Recommendation from a Professional (teacher, counselor, mentor, etc.).
- 1- High school Transcript (Original).
- Must have a minimum of 3.0 or above Cumulative GPA (un-weigh).
- 1- Copy of your College/University Acceptance Letter or (a verification letter from the Admission Office of your intended College/ University).
- Completed 3 of 4 Essay Questions (see attachment).
- Upon receiving the scholarship, the applicant will complete 25 hours of community service with the LPS at your state /local OR National level \* (Required, if you are awarded the scholarship)—***FORM ATTACHED/SUBMIT LATER***



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Last name: \_\_\_\_\_ Date: \_\_\_\_\_

First name: \_\_\_\_\_ M.I: \_\_\_\_\_

Gender:  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of high school: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

High School Class Rank: \_\_\_\_\_ Graduating Class Size: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of current high school Principal: \_\_\_\_\_

Name of current high school Counselor: \_\_\_\_\_

LEADERSHIP ACTIVITIES	LEADERSHIP ROLES



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Session: \_\_\_\_\_ Admitted: \_\_\_\_\_ University/College name: \_\_\_\_\_

College Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Copy of SAT and/ or ACT Score report attached

**I verify that all submitted materials are true and accurate to the best of my knowledge. I recognize that my application will be voided if false information is presented.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* To Be Completed by the National Education Committee Team \*\*\*\*\*

Application materials file completed as of \_\_\_\_\_ (Date)

Verified by: \_\_\_\_\_  
(Sign by Education Committee Team/ Chair)

**\*\*Please submit completed applications to:**

**National LPS/Education Committee Chair  
Mrs. Mai Bee V. Lor  
4321 Cottingham Dr.  
Hickory, NC 28602**



# National Lo-Pha Society, Inc.

Youth Foundation College Starter Fund (Scholarship Application)

## ESSAY QUESTIONS

**Choose (3) of the following questions to answer. Failure to answer (3) of the questions below will result in an incomplete application.**

**\*\* (Please type your responses to the questions on a separate sheet of papers).**

1. How did you hear about the LPS Youth Foundation College Starter Fund? Why is this Fund important for you and how will it positively impacts your life? (300-500 words)
2. Describe the best leadership quality and provide examples as to why you think this quality is the most exceptional. (300 words)
3. Briefly describe how you are currently involved or plan to be involved in the Lo-Pha community (local or national). Why is it important in your life? (300 words)
4. If you are granted this fund, describe your educational and or personal goal(s)? (300-500 words)



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Youth Foundation College Starter Fund (Scholarship Application)

## State Representative Affirmation Letter

*(Your application will not be considered, if this letter is not signed by your State Representative)*

I affirm that (name of applicant), \_\_\_\_\_, is a Lo-Pha scholar and has met all of the requirements set by the Lo-Pha Society National Board of Directors to apply for the Lo-Pha Youth Foundation College Starter Fund (Scholarship). If you have any questions or would like further verifications, please contact the state representative below.

\_\_\_\_\_  
Applicant's Name (Please Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
State Representative's Name (Please Print)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

### Contact Information:

Phone #: \_\_\_\_\_

email: \_\_\_\_\_

\_\_\_\_\_  
State Representative's Signature

Date: \_\_\_\_\_



# National Lo-Pha Society, Inc.

Youth Foundation College Starter Fund (Scholarship Application)

**Please note that all application materials must be received before or by midnight on Monday, April 16, 2018--EXTENDED. Anything received after the due date will not be considered.**

## Check off List

- 1- Letter of Recommendation from a Lauj or Phab leader within your state (Non-family member).
- 1- Signed Affirmation Letter by your State Representative (See attachment).
- 2- Letters of Recommendation from a Professional (teacher, counselor, mentor, etc.).
- 1- High school Transcript (Original).
  - Must have a minimum of 3.0 or above Cumulative GPA (unweigh).
- 1- Copy of your College/University Acceptance Letter or (a verification letter from the Admission Office of your intended College/ University).
  - Completed 3 of 4 Essay Questions (see attachment).
- Upon receiving the scholarship, the applicant will complete 25 hours of Community service with the LPS at your state /local OR National level.
  - \*\* (Required, if you are awarded the scholarship)—See Form Attached

**NOTE: INCOMPLETE APPLICATION WILL NOT BE CONSIDERED**



# National Lo-Pha Society, Inc.

**Youth Foundation College Starter Fund (Scholarship Application)**

**Completion of Community Service for the Local Lo-Pha Society Branch**

**\*\* (To be completed by the State Representative---DUE LATER)**

I affirm that (name of recipient), \_\_\_\_\_, has completed ***25 hours of Community Service Requirement*** set by the Lo-Pha Society National Board of Directors for the Lo-Pha Youth Foundation College Starter Fund (Scholarship). By signing below, I verify that the information provided here are accurate to the best of my knowledge.

\_\_\_\_\_  
Recipient's Name (Please Print) Date: \_\_\_\_\_

\_\_\_\_\_  
Recipient's Signature

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

## Contact Information:

\_\_\_\_\_  
State Representative's Name (Please Print)

State Representative's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code