

## 2026 Lovelady Athletic Booster Club Scholarship Application

**ELIGIBILITY:** To be eligible to receive a Lovelady Athletic Booster Club Scholarship, the following criteria must be satisfied.

- 1.) Must be a Senior student athlete enrolled at Lovelady High School.
- 2.) Your parent or guardian that you reside with while attending Lovelady ISD **must be a paid member of the Lovelady Athletic Booster Club for the 2025-2026 school year by October 1, 2025.** Membership dues can be paid by Venmo @LLAthleticBooster noting Membership in comments or see Hollie Smith. Single Membership is \$25.00 and Family Membership is \$40.00.
- 3.) The applicant or the applicant's parent or guardian must have 20 service hours directly benefiting the Athletic Booster Club.
  - a. Lovelady Football Concessions – Fall 2025
  - b. Lovelady Track Meets – Spring 2026
  - c. Senior that raises most money in Adrenaline (Aug/Sept 25) fundraiser earns 3 hours
  - d. Activities that benefit/assist Lovelady Athletic Booster Club
- 4.) Senior athlete must be enrolled at Lovelady ISD, in good standings with coaches and teachers.

The completed scholarship application must be **returned to the LHS Counselor's Office by April 16, 2026 (Wednesday) by 3:00pm.** ***Late or incomplete scholarship applications will not be considered. You can email the signed application form and essay to [lqilchrist@loveladyisd.net](mailto:lqilchrist@loveladyisd.net).*** LABC will award up to three - \$1,000 scholarships based on eligibility requirements met and completed applications received. **Funds will be paid directly to the college or vocational school.**

CHECKLIST: Before submitting this application, please remember the following:

- 1.) Must be a Senior student-athlete enrolled at Lovelady High School.
- 2.) Be in good standing with coaches and teachers.
- 3.) Accepted to a college or a vocational school in the fall of their graduating year.
- 4.) Must take a minimum of 12 hours per semester.

**PERSONAL DATA:** (Please type or print clearly)

**Name:** \_\_\_\_\_  
First Middle Last

**Gender:** Male or Female  
(Please Circle)

**Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_  
Month Day Year

**Sport(s) Participated In – List each sport and each year you participated:**

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**School Applied to:** \_\_\_\_\_ **Accepted:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**FAMILY INFORMATION:**

**Parent/Guardian's Full Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
(Describe Briefly) (Name of Business or Employer)

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**Occupation:** \_\_\_\_\_  
(Describe Briefly) (Name of Business or Employer)

**ESSAY:** How has being on a team and being an athlete prepared you for life after high school? Describe your plans for after graduation. Be sure to explain how this scholarship would help you achieve those goals.

Your ESSAY should be typed, double-spaced with 12-point Times New Roman Font.

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By signing below, you agree to give permission to the Lovelady Athletic Booster Club to confirm any data with Lovelady High School. You also agree that the Lovelady Athletic Booster Club may contact you regarding your application.

**Student Signature: (Required)**

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

**Signature of Parent or Guardian: (Required)**

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

## VOLUNTEER HOURS

[illegible]