



Empower. Inspire. Educate.

**Post Office Box 83033
Baton Rouge, LA. 70884
(225) 205-9463
ablsociety.org**

Dear Eligible Candidate,

This application process will include verification of all the information provided. All of the required criteria must be met. Any misinterpretation or false information provided may result in the termination of the application process. A Bella LaFemme Scholarships are only awarded to female minority students, based on the definition of minority created by the Equal Employment Opportunity Commission. Completing this form is giving, A Bella LaFemme Society designated agent(s) authorization to confidential and personal information listed on the scholarship application. Candidate signature will serve as acknowledgement of providing truthful information on the application, and this authorization form for release of information.

Authorization To Release Information to A Bella LaFemme Society

I (print full name) _____ hereby authorize release of information to the listed above organization and or designated agent(s). This release will include all of my enrollment and transcript documents for verification purposes.

Address _____

City _____ State _____ Zip _____

Date of Birth _____ SSN or Student ID # _____

Name of University/College _____

Address _____

City _____ State _____ Zip _____

I understand that my authorization will remain effective one full year from the date of my signature. I have read and understand the nature of this release.

Candidate Signature

A Bella LaFemme Society - Executive Director

Date _____

Date _____

Our Society is dedicated to provide collegiate minority women with scholarships to promote mental wellness. We are structured to empower, alleviate hardships, and to build resourceful sisterhoods of support within our communities.



2020-2021 Scholarship Application

Applying for:

- Smith Legacy Memorial Scholarship*
Hope Charlot Nursing Scholarship
Merlin John & Hattie M. Charlot HBCU Scholarship
Charles A. Marquez, Sr. HBCU Scholarship

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Personal Information

Full Name _____ DOB _____
 Address _____ City _____
 State _____ Zip _____ Contact Number _____
 Email Address _____ SS# _____
 U.S.Citizen: Yes No Ethnicity _____ DL# _____

Education

University/College _____ Years Attended _____
 Address _____ Degree Received _____
 Major _____ Cumulative GPA _____
 First Generation College Student: Yes No

Accolade(s)

Reference

Name _____
 Contact Number _____

I certify that all answers given herein are true to the best of my knowledge.

Signature of Candidate

Date