

# 2026 LLSSA Youth Scholarship Program Application Packet

Presented by the Louisiana Life Safety & Security Association

## **Award Amounts:**

- 1st Place: \$2,500

- 2nd Place: \$1,000

Deadline: March 1, 2026

## **Submit To:**

Email: director@llssa.org (Preferred)
Mail: LLSSA Youth Scholarship Program
P.O. Box 7, Livingston, LA 70754
Phone: 337-886-7282

#### Louisiana Life Safety & Security Association (LLSSA)

LLSSA member companies specialize in a wide spectrum of services to commercial and residential customers, including security and fire alarms, video surveillance, access control and monitoring. LLSSA provides government advocacy and delivers timely information, professional development tools, products, and services that members use to grow and prosper their businesses and serve their communities. LLSSA may be reached at 337.886.7282 or on the Web at https://llssa.org.

#### **Program Overview**

The LLSSA Youth Scholarship Program supports graduating high school seniors whose parents or legal guardians actively serve in Louisiana as full-time or volunteer police officers, firefighters, EMTs, or paramedics. Over \$80,000 in scholarships have been awarded through this program.

#### **Eligibility Requirements**

#### Applicants must:

- Be 15–20 years old and a graduating high school senior from an accredited high school, homeschool, or military/boarding school within Louisiana.
- Be accepted to attend an accredited college, university, or trade/technical school.
- Have a parent or legal guardian who is:
  - A full-time, active-duty public sector police officer, firefighter, paramedic, or EMT (volunteers included).
  - Employed within Louisiana or within a 100-mile radius of the applicant's school.
  - Not an administrative staff member, reserve officer, part-time or retired personnel, federal agent (e.g., FBI, DHS), or deceased.

#### **Required Materials**

- Completed and signed application form.
- Typed 500–1000-word essay (see topic below).
  - Note: No form of artificial intelligence (AI) may be used to assist in writing the essay. Essays found to violate this rule will be disqualified.
- Official school transcripts (including GPA on a 4.0 scale or 0–100% scale).
- SAT and/or ACT scores (may be included in transcript).
- Proof of acceptance to an accredited post-secondary institution.
- Proof of parent/guardian's public safety employment (ID copy or letter from supervisor).
- Resume listing community service, academic awards, extracurricular activities, hobbies, and work history.
- Verified community service form(s).
- One letter of recommendation from a teacher, counselor, or community leader.

#### **Essay Topic**

"What it means to me to have my parent or guardian involved in securing our community."

Your essay should be original and reflective of your personal experience. Use specific examples and demonstrate how your parent/guardian's public service has influenced your character. Essays must be typed and follow grammar and punctuation conventions.

### **Judging Criteria (100 points total)**

• GPA: 20 points

• SAT/ACT Scores: 20 points

• Essay: 20 points

• Community Service (verified): 25 points

• Extracurriculars/Awards: 15 points

#### **Submission Notes**

- Email submission is preferred. Students must receive a confirmation email to ensure their application was received.
- If you do not receive confirmation within 3 business days, you must follow up.
- Mailed applications must be postmarked by March 1, 2026.
- All submissions become the property of LLSSA and may be used in publicity.
- Winners agree to participate in interviews and provide a photograph for press use.
- Scholarship funds will be issued via check payable to the school named in the student's acceptance letter.

#### **Non-Discrimination Policy**

LLSSA does not discriminate based on race, color, national origin, sex, disability, religion, or age in its scholarship selections. All applicants are considered equally, based solely on eligibility and merit.

# **Application Form**

**Applicant** 

Please type or clearly print all the information. The form must be filled out completely and signed.

Name of Applicant:						
	Last Name	First Name	Middle			
Street Address						
City	State	Zip				
Telephone Number _	Email					
<b>High School Infor</b>	mation					
Name of Highschool	(write "home school"	if applicable)				
Street Address						
City	Stat	te	Zip			
Telephone Number		Email				
Year of HS Graduation	on GPA throu	ıgh 11 <sup>th</sup> grade	Class Ranking			
your official high so	chool transcript doe	s not include a GPA	rade percentage of 1-100. If in one of these formats, GPA scores accepted).			
<b>Test Scores</b>						
Highest SAT Scores:	Verbal Math	ı: Writing: _	Total:			
Highest Act Scores: _	Comp	posite Score:				
Parent/Guardian	Information					
Name of mother, fath	her or guardian emplo	oyed by the police, fi	re or EMT.			
Last Name	First Nan	ne	Middle			
Street Address						
City	Sta	nte	Zip			

Telephone Number		Email			
Precinct or Fire House			_Badge Number		
Precinct Street Address					
City	State		Zip		
Direct Supervisor					
Telephone Number	Email				
School Counselor Info	rmation				
Home schooled students s schoolwork and extracurr		nforma	tion of the person v	vho can best verify	
High School Counselor _			The same		
	Last Name		First Name	Middle	
Telephone Number		Email			
Street Address If not same as	the school				
City	State		Zip		
<b>Applicant Certification</b>	1				
I certify that all information of my knowledge. My pare verifying the accuracy of t	ents or guardian ha	ve revi	ewed and signed thi		
I understand and agree to Program. I authorize the L part of this application, inc parent or guardian.	ouisiana Life Safety	/ & Sec	urity Association (L	LSSA) to verify any	
I affirm that the essay sub assisted by any form of ar policy will result in disqua	tificial intelligence		-		
I acknowledge that all app become the property of LI reasonable publicity effor	LSSA and will not be	e retur	ned. I also agree to p	•	
Student Signature:			Date:		
Parent/Guardian Signatur	·e:		Date:		

# **Community Service Verification Form**

You may use this form or provide copies of current forms you have as long as the same information is provided.

Name				
Place of Service				
Address				
Contact & Phone				
Date of Service	Number of Hours	Description of what you did while there		
		the community service described above.		
ignature of Contact Person		Date		