



## GUIDELINES FOR SCHOLARSHIP PROGRAM

### (Citizen Scholarship Package)

The Louisiana D.A.R.E. Officers Association High School Scholarship Program will award a scholarship in the amount of \$3000.00 to help meet the burdens and costs associated with higher education. This effort is a meaningful expression of the Association's confidence in and respect for education and drug- free lifestyles.

There shall be no restriction on any applicant by reason of race, age, creed, color, sex or national origin. There shall be no restriction as to the course of study to be pursued. The only limitations are that applicants must be permanent residents of Louisiana, the scholarships are to be utilized at institutions of higher learning within the State of Louisiana, and the applicants plan to be enrolled as full-time undergraduate students.

*Members of the immediate family of any Louisiana D.A.R.E. Officer or Drug Free Schools Coordinator are ineligible to apply. Families of local law enforcement personnel and School Board employees are eligible to make applications (excluding D.A.R.E. Officer's children.)*

Completed applications shall be submitted to and received by **Chief Wendy Llorens**, 464 Riverview Drive, Natchez, LA 71456 by the deadline of **Monday, April 15, 2025**. Applicants must be eligible for admission to the school indicated on the application. The award will only be paid for attendance at institutions of higher learning within the State of Louisiana. Email for Captain Llorens is [wllorens@npsheriff.net](mailto:wllorens@npsheriff.net).

The scholarship winner will be announced by **May 15, 2025**. Scholarship award will be sent to the winner after evidence of enrollment (paid fee sheet) has been received by the Association.

If for any reason a recipient relinquishes a scholarship or fails to enroll as a full-time undergraduate student at any institution of higher learning in the State of Louisiana, the scholarship will be granted to an alternate selected by the Louisiana D.A.R.E. Officers' Association Board of Directors.

The goal of the Association is to provide assistance to worthy Louisiana students in the furthering of their education and training with resources made available through the Louisiana D.A.R.E. Officers' Association which considers this scholarship program an investment in the future and believes this will provide positive role models for students in D.A.R.E. classes.

The Louisiana D.A.R.E. Officers' Association reserves the right to reject any winner based upon good cause, such as failure to comply with the prescribed guidelines or behavior or misconduct causing discredit and/or embarrassment to the local unit or the Louisiana D.A.R.E. Officers' Association, and to award the scholarship to an alternate of its choosing.

Applicant# \_\_\_\_\_

2025

L.D.O.A. CITIZEN SCHOLARSHIP

APPLICATION

Name: \_\_\_\_\_

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

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

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

Social Security: \_\_\_\_\_

Age: \_\_\_\_\_ Sex \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

High School Attended: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

How many people live in your household: \_\_\_\_\_

How many siblings (list ages): \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

What college, university or other institution of higher learning do you intend to attend in the fall? \_\_\_\_\_

What will be your major field of study while attending college?

Are you currently receiving, or will you receive, other aid or scholarships? ( ) Y ( ) N

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Applicant # \_\_\_\_\_

SCHOLARSHIP TRACKING FORM  
(Attach this form to the scholarship application)

\_\_\_\_\_  
Rank

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Department Telephone

\_\_\_\_\_  
Department Fax

I hereby certify that the scholarship applicant submitted herein will have completed the Louisiana D.A.R.E. scholarship requirements and that I am a current member of the Louisiana D.A.R.E. Officers' Association. I certify this is the **only** scholarship applicant I have provided a signature of approval on. I understand that upon signing off on this scholarship applicant, I **will not** provide my signature to any other applicant.

\_\_\_\_\_  
D.A.R.E. Officer Signature (**required**)



Applicant # \_\_\_\_\_

**RECOGNITIONS AND AWARDS:** List below any honors or recognitions that you have received to support your application for Louisiana D.A.R.E. Officers' Association Scholarship.

Recognition or Award	Year	Group or Activity

*\* May attach student activity sheet*

Applicant# \_\_\_\_\_

**For completion by counselor:**

- I. College entrance examination score:
  - a. ACT raw score:    or
  - b. SAT I:                 SAT II:
  
- II. Cumulative high school grade point average excluding spring Semester of current year:
  
- III. Attach copy of transcript and ACT/SAT scores.

\_\_\_\_\_  
Counselor's Signature **(required)**

\_\_\_\_\_  
Date



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## GUIDELINES FOR SCHOLARSHIP PROGRAM

### (D.A.R.E. Officer's Child Scholarship Package)

The Louisiana D.A.R.E. Officers Association High School Scholarship Program will award a scholarship in the amount of \$3000.00 to help meet the burdens and costs associated with higher education. This effort is a meaningful expression of the Association's confidence in and respect for education and drug-free lifestyles.

There shall be no restriction on any applicant by reason of race, age, creed, color, sex, or national origin. There shall be no restriction as to the course of study to be pursued. The only limitations are that applicants must be permanent residents of Louisiana, the scholarships are to be utilized at institutions of higher learning within the State of Louisiana, and the applicants plan to be enrolled as full-time undergraduate students.

*Only the members of the immediate family of any Louisiana D.A.R.E. Officer are eligible to apply. (The immediate family is son, daughter, stepson, stepdaughter, anyone under your legal guardianship).*

Completed applications shall be submitted to and received by **Chief Wendy Llorens**, 464 Riverview Drive, Natchez, LA 71456 by the deadline of **Monday, April 15, 2025**. Applicants must be eligible for admission to the school indicated on the application. The award will only be paid for attendance at institutions of higher learning within the State of Louisiana. Email for Captain Llorens is [wllorens@npsherif.fnet](mailto:wllorens@npsherif.fnet).

The scholarship winner will be announced by **May 15, 2025**. Scholarship award will be sent to the winner after evidence of enrollment (paid fee sheet) has been received by the Association.

If for any reason a recipient relinquishes a scholarship or fails to enroll as a full-time undergraduate student at any institution of higher learning in the State of Louisiana, the scholarship will be granted to an alternate selected by the Louisiana D.A.R.E. Officers' Association Board of Directors.

The goal of the Association is to provide assistance to worthy Louisiana students in the furthering of their education and training with resources made available through the Louisiana D.A.R.E. Officers' Association which considers this scholarship program an investment in the future and believes this will provide positive role models for students in D.A.R.E. classes.

The Louisiana D.A.R.E. Officers' Association reserves the right to reject any winner based upon good cause, such as failure to comply with the prescribed guidelines or behavior or misconduct causing discredit and/or embarrassment to the local unit or the Louisiana D.A.R.E. Officers' Association, and to award the scholarship to an alternate of its choosing.

Applicant# \_\_\_\_\_

2025

L.D.O.A. D.A.R.E. Officer's Child

TIMOTHY BERGERON MEMORIAL SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

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

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

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

Social Security: \_\_\_\_\_

Age: \_\_\_\_\_ Sex \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

High School Attended: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

How many people live in your household: \_\_\_\_\_

How many siblings (list ages): \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

What college, university or other institution of higher learning do you intend to attend in the fall? \_\_\_\_\_

What will be your major field of study while attending college?

Are you currently receiving, or will you receive, other aid or scholarships? ( ) Y ( ) N

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Applicant # \_\_\_\_\_

**SCHOLARSHIP TRACKING FORM**  
**(Attach this form to the scholarship application)**

\_\_\_\_\_  
Rank

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Department Telephone

\_\_\_\_\_  
Department Fax

**I hereby certify that the scholarship applicant submitted herein will have completed the Louisiana D.A.R.E. scholarship requirements and that I am a current member of the Louisiana D.A.R.E. Officers' Association.**

\_\_\_\_\_  
D.A.R.E. Officer Signature **(required)**



**RECOGNITIONS AND AWARDS:** List below any honors or recognitions that you have received to support your application for Louisiana D.A.R.E. Officers' Association Scholarship.

Recognition or Award	Year	Group or Activity

*\* May attach student activity sheet*

**For completion by counselor:**

- I. College entrance examination score:
  - a. ACT raw score: \_\_\_\_\_ or
  - b. SAT I: \_\_\_\_\_ SAT II: \_\_\_\_\_
  
- II. Cumulative high school grade point average excluding spring Semester of current year: \_\_\_\_\_
  
- III. Attach copy of transcript and ACT/SAT scores.

\_\_\_\_\_  
Counselor's Signature (**required**)

\_\_\_\_\_  
Date



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**2025 L.D.O.A.  
LIFETIME ACHIEVEMENT  
NOMINATION FORM**

The Louisiana D.A.R.E. Officers Association will award the *D.A.R.E. Officer Lifetime Achievement Award* to a candidate who is a member of the L.D.O.A., has been nominated by his/her Agency or fellow D.A.R.E. Officer(s) and has demonstrated a high degree of commitment to the D.A.R.E. program in his/her school(s), community, and state. This is a prestigious award that will only be awarded to those that portray exemplary service as a D.A.R.E. Officer.

Please submit the name of the D.A.R.E. Officer who you feel is worthy of this award and detailed information as to why you feel this candidate should be chosen.

**Criteria:**

- Officer must have taught the program for a minimum of 10 years.
- Must be a current **full-time or part-time** D.A.R.E. Officer in the classroom.
- Documentation: Newspaper Articles, Photographs, Letters of Recommendations, etc. to show and support that the officer went above and beyond the role of a classroom D.A.R.E. Officer.

**Officer's Name**

\_\_\_\_\_

**Candidate's Agency**

\_\_\_\_\_

**# of semesters taught D.A.R.E. Year D.O.T.**

I feel that \_\_\_\_\_ should be chosen as a recipient of the "Lifetime Achievement Award" because \_\_\_\_\_

\_\_\_\_\_

(Please attach no more than two type-written pages, double-spaced.)

**Submitted by:** \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO CHIEF WENDY LLORENS  
464 RIVERVIEW DRIVE NATCHEZ, LA 71456  
BY THE DEADLINE OF **FRIDAY MAY 13, 2025**  
[wllorens@npsheriff.net](mailto:wllorens@npsheriff.net)**



**2025 L.D.O.A.  
D.A.R.E. OFFICER OF THE YEAR  
NOMINATION FORM**

The Louisiana D.A.R.E. Officers Association will award the *D.A.R.E. Officer of the Year* to a candidate who is a member of the L.D.O.A., has been nominated by his/her agency or fellow

D.A.R.E. Officer(s) and has demonstrated a high degree of commitment to the D.A.R.E. program in his or her school(s), community, and state.

Please submit the name of the D.A.R.E. Officer who you feel is worthy of this award and detailed information as to why you feel this candidate should be chosen.

**Criteria:**

- Officer must have taught the program for 5+ years.
- Must be a current D.A.R.E. Officer, can be **part-time/full-time** officer.
- Documentation: Newspaper articles, photographs, letters of recommendations, etc., to show that he/she has gone above and beyond the role of classroom D.A.R.E. Officer.

**Officer's Name**

\_\_\_\_\_

**Candidate's Agency**

\_\_\_\_\_

**# of semesters taught D.A.R.E. Year D.O.T.**

I feel that \_\_\_\_\_ should be chosen "D.A.R.E.

Officer of the Year" because \_\_\_\_\_

\_\_\_\_\_

(Please attach no more than two type-written pages, double-spaced.)

**Submitted by:** \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO CHIEF WENDY LLORENS**

**464 RIVERVIEW DRIVE NATCHEZ, LA 71456**

**BY THE DEADLINE OF FRIDAY MAY 13, 2025**

**[wllorens@npsheriff.net](mailto:wllorens@npsheriff.net)**



**2025 L.D.O.A.  
EDUCATOR OF THE YEAR  
NOMINATION FORM**

The Louisiana D.A.R.E. Officers Association will award the *Educator of the Year* to a candidate who has been nominated by a D.A.R.E. Officer and has demonstrated a commitment to the D.A.R.E. program above and beyond which is considered a supporting role with their D.A.R.E. Officer and program.

Please submit the name of the educator who you feel is worthy of this award and detailed information as to why you feel this candidate should be chosen.

**\*\*Nomination is NOT complete without this form being attached to documentation\*\***

**Educator's Name** \_\_\_\_\_

**School System/Position** \_\_\_\_\_

**# of semesters involved with D.A.R.E.** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

I feel that \_\_\_\_\_ should be chosen as "Educator of the Year" because: \_\_\_\_\_

(Please attach) No more than two type-written pages, double spaced.

**Submitted by:** \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO CHIEF WENDY LLORENS**

**464 RIVERVIEW DRIVE NATCHEZ, LA 71456**

**BY THE DEADLINE OF FRIDAY MAY 13, 2025**

**wllorens@npsheriff.net**



**2025 L.D.O.A.  
D.A.R.E. ESSAY OF THE YEAR  
NOMINATION FORM**

The Louisiana D.A.R.E. Officers Association will award the *D.A.R.E. Essay of the Year* to a candidate (5th or 6th grade) who has been nominated by his/her D.A.R.E. Officer and has demonstrated a high degree of commitment to the D.A.R.E. program in his/her school, community, and state.

Please submit the name of the Essay Winner who you feel is worthy of this reward. Please submit with essay attached.

**\*\*Nomination is NOT complete without this form attached to the essay\*\*  
Essay will **NOT** be considered.**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**Name of School Address Phone** \_\_\_\_\_

**Submitted by** \_\_\_\_\_

**District** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**Your District Board Member Immediately following your District Meeting!**

**Your Board Member will submit it to LDOA Board of Directors MEETING prior to the June Meeting.**