



13019 Conductor Way, Silver Spring, MD 20904

## Luganda Academy Scholarship Application Form

### Eligibility Criteria:

To be considered for this scholarship, applicants must:

- Be a **graduating high school senior** in the **current academic year**
- Have attended **Luganda Academy** for a **minimum of four (4) consecutive years**
- Maintain a **minimum cumulative GPA of 3.0** on a 4.0 scale
- Demonstrate **leadership experience** through involvement in **school activities, clubs, committees, or community leadership**

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### Applicant Information

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**City, State, ZIP:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### Academic Information

**Cumulative GPA (on a 4.0 scale):** \_\_\_\_\_

**Years Attended Academy:** \_\_\_\_\_

*Must be at least four (4) consecutive years.*

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 **Leadership Experience**

Please list and briefly describe your leadership roles in Luganda Academy or community activities (e.g., clubs, sports, student government, volunteering, etc.)

**1. Activity/Organization:** \_\_\_\_\_

**Role/Title:** \_\_\_\_\_

**Dates of Involvement:** \_\_\_\_\_

**Description of Responsibilities & Impact:**

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**2. Activity/Organization:** \_\_\_\_\_

**Role/Title:** \_\_\_\_\_

**Dates of Involvement:** \_\_\_\_\_

**Description of Responsibilities & Impact:**

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*Attach additional pages if necessary.*

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 **Personal Statement**

In 300–500 words, describe how your experience at Academy has shaped your personal growth and leadership. Highlight how these experiences have prepared you for your future goals.

**(Attach your typed essay to this form.)**

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 **Supporting Documents Checklist**

Please include the following with your application:

- Official high school transcript
- Personal statement essay (300–500 words)
- One (1) letter of recommendation from a teacher, advisor, or community leader

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 **Submission Details**

**Application Deadline:** May 15, 2025

Submit completed applications to:

lugacad@gmail.com

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 **Applicant Signature**

I certify that the information provided in this application is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_

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

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