



Staff Senate

Application for Scholarship

Personal Information

Last Name

First Name

MI

Address

City

State

Zip

Department

Years of Employment at LSUA

LSUA ID

LSU ID

Education

Institution Name

Location

Start Date

Are you Seeking a Degree? Yes No

If yes, list your major _____

Are you Seeking a Certificate? Yes No

If yes, list your certificate _____

Current GPA

Credit Hours Earned

Proof of Enrollment Attached

Acknowledgement and Authorization

I certify that the information contained within this application provided by me is correct and truthful and may be necessary in arriving at a decision to award scholarship. Furthermore, I understand that if I am awarded scholarship, false or misleading information given in my application, termination or resignation of employment at LSUA may result in withdrawal of the award.

Signature of the Applicant

Date

:: FOR SENATE USE ONLY

Date Received: _____

Award

Reject

Scholarship Amount: _____

Supporting Documents Received

Signature of the Staff Senate President

Date

FWD to LSUA Foundation

Disbursement Date

LSUA Foundation Signatory

Date