

SOUTHERN UNIVERSITY DEPARTMENT OF COMPUTER SCIENCE

Scholarship Application Form

Name :Last:	First:	Middle	:
Telephone:	E-mail Address:		
Street Address:	City:	State:	_Zip:
Date of Birth		_ Sex: Male: \bigcirc	Female:
Select one: Incoming Freshman	Currently Enrolled	Transfer O	
High School: Junior ○ Senior ○	ACT S	core	GPA
College: Freshman O Sophomore O	Junior ○ Senior ○		GPA
Names(s) of School(s) attended:			
List special academic honors, species received. List clubs, organizations, community activities in which you have	extra-curricular activ	* ·	•
Do you receive financial aid from other so	ources? TOPPS	\$	
	Athletic	\$	
Expected graduation year/semester	Other	\$	
Write a short essay describing how this s words)	cholarship will support y	our academic and caree	r goals (250
I give permission to the Departn review all of my academic records.	_	Science's Scholarship	Committee to

DEPARTMENT OF COMPUTER SCIENCE SCHOLARSHIP REFERENCE FORM

Scholarship Chairperson Department of Computer Science Southern University P.O. Box 9221 Baton Rouge, LA 70813	
Please return this form directly to:	
Address	
Signature	Title
character, initiative, inventiveness, actime and type of your association with	eademic achievement, etc. An indication of the length of this student would be helpful.
	Please give a reference for this student, commenting of
	has applied for a scholarship in Computer Science

Deadline(s): April 15 (Fall Semester); August 15 (Spring Semester)

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