

# Southern University and A&M College

Chancellor's Need-Based Scholarship Application

**Spring 2018 Semester** 

#### **GUIDELINES AND ELIGIBILITY REQUIREMENTS**

- Applicants for the Chancellor's Need-Based Scholarships must be **enrolled full-time undergraduate students (12-hours unless the number of hours needed to graduate in current semester are less)** at Southern University, Baton Rouge Campus at the time of application.
- Applicants for the Need-Based Scholarship must have their declared major as documented by their Academic Advisor at the time of application for the scholarship (for non-Freshmen).
- Applicants must demonstrate academic promise and have earned an overall GPA of 2.5 (on a 4.0 scale) in coursework completed at the time of application.
- Applicants must complete and submit a 250-word essay on their goals, experience and how the scholarship will help the applicant meet further goals.
- > Applicants **must demonstrate a financial need** as determined by the Office of the Chancellor and/or the Office of Financial Aid.
- Applications must be completed using the appropriate form and submitted to the Office of the Chancellor.

(THE DEADLINE TO SUBMIT AN APPLICATION FOR THE SPRING 2018 SEMESTER IS DECEMBER 8, 2017).

Applications must be received in the Chancellor's Office by the specified deadline. (P. O. Box 9374, Baton Rouge, LA 70813). Scholarships will be awarded on a first-come, first-serve bases as funds permit.

Note: The Chancellor's Need-Based Scholarship is applied to current semester fees ONLY, and must be reapplied for each semester thereafter. Need-Based Scholarships are available for Spring and Fall Semesters only.



## Chancellor's Need-Based Undergraduate Scholarship Application Submission Deadline - December 8, 2017

### SPRING 2018 SEMESTER

### **PERSONAL INFORMATION**

SECTION A:				
Name		Stude	nt ID#	Age:
Last	First			
Classification	·	Maj	or:	
Freshman	Sophomore Junior	Senior		
Home Address:				
5	Street	City	State	Zip Code
Local Address:				
Primary Phone: <u>(</u>				
Number of Depender	nts (if applicable	e)		Age(s):
Address for Depende	ents:			
Spouse's Name (If ap	plicable):			
	<u>Finan</u>	ICIAL INFORM	ATION	
Present Employer:			Occupation:	
Estimated cost for sem	ester indicated a	bove.		
<b>Total Tuition a</b> (Includes on-ca		\$		
Books & Supplies:			\$	
Total:			\$	

For the semester indicated above, following:	how much of your estimated income will come from the				
Savings/Investments:	\$				
Employment:	\$				
Spouse's Income:	\$				
Additional Assistance Expected:	\$				
Total:	<b>\$</b>				
Additional Assistance (Specify):					
For the semester indicated above, he	ow much of your financial aid will come from the following:				
Loans:	\$				
Grants:	\$				
Scholarships:	\$				
Military:	\$				
Family Assistance:	\$				
Other (Specify)	\$				
Total:	\$				
SECTION B:					
I have the following unusual finance	ial expenses or commitments for which I will be responsible				
during the selected semester:					

I certify that the above information is true and correct to the best of my knowledge. I	realize
that submitting false information constitutes fraud, and may result in the cancellation	of any
need-based scholarship I am awarded.	

Signature	Date

The information you have provided herein will be kept strictly confidential.

#### SECTION C:

Detailed Letter

On an additional page indicate your financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances that create financial need, and/or any additional comments. Please type and double space. (250 Word Minimum)