Applicants for Need-Based Scholarships must be enrolled undergraduate full-time (12 hours) students 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 provide financial need for the scholarship as determined by the Office of the Chancellor and/or the Office of Financial Aid.

Applications for this scholarship must be completed using the appropriate form and submitted to the Office of the Chancellor 30 days (excluding weekends and holidays) prior to the first day of class.

(PLEASE SUBMIT APPLICATIONS BY JULY 7, 2014 FOR THE FALL 2014 SEMESTER).

Applications must be received in the Chancellor's Office by the specified deadline. (P. O. Box 9374, Baton Rouge, LA 70813). These scholarships will be awarded as funds permit.

Note: The Need-Based Scholarship is awarded and applied to the semester for which it is valid ONLY, and must be reapplied for each semester thereafter. Need-Based Scholarships are only available for Spring and Fall Semesters.
Chancellor’s Need-Based Undergraduate Scholarship Application
Submission Deadline – 30 Days Prior to the First Day of Class

FALL 2014 SEMESTER

PERSONAL INFORMATION

SECTION A:

Name ________________________________ Student ID# ___________ Age: _______

Last First
Classification _______ _______ _______ _______
Freshman Sophomore Junior Senior

Major: _____________________________

Home Address: _______________________________________________________________

Local Address: Street City State Zip Code

Primary Phone: ( ___ ) - __________ SUBR E-Mail: _____________________________

Number of Dependents (if applicable) ________________ Age(s): _______

Address for Dependents: ___________________________________________________________

Spouse’s Name (If applicable): _____________________________

FINANCIAL INFORMATION

Present Employer: _____________________________ Occupation: _____________________________

Estimated cost for semester indicated above.

Tuition and Fees: $___________________

Books & Supplied: $___________________

Living Expenses: $___________________

Child Care: $___________________

Miscellaneous: $___________________

Total: $___________________

Miscellaneous Costs (Specify): ___________________________________________________________
For the semester indicated above, how much of your estimated income will come from the following:

Savings/Investments: $______________
Employment: $______________
Spouse’s Income: $______________
Additional Assistance Expected: $______________
Total: $______________

Additional Assistance (Specify): __________________________________________________________

For the semester indicated above, how 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 financial 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)