



SCHOLARSHIP RENEWAL APPLICATION

School of Forestry
Louisiana Tech University
DEADLINE: February 15

I. PERSONAL INFORMATION (Please Type)

1. Name _____
Last First Middle

2. Home Address _____
Number and Street

_____ City State Zip

Local Address _____
(If different from above)

Phone (Home) _____ Phone (Local) _____

3. E-mail Address _____

4. ID No. _____

5. Major: Forestry _____ Wildlife _____ GISC _____

6. Current grade point average: _____ (Please attach an unofficial copy of your transcript)

II. ACKNOWLEDGMENTS

By checking the box at left, I hereby state that the information submitted herewith is true and correct to the best of my knowledge.

By checking the box at left, I agree to notify the donors of my acceptance and appreciation, if selected for a scholarship in the School of Forestry. (The School of Forestry will provide you with the appropriate names and addresses of donors).

Date _____

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Email, Fax, or Mail to: **Scholarship Committee**
School of Forestry
Louisiana Tech University
P. O. Box 10138
Ruston, LA 71272
green@LaTech.edu
FAX (318) 257-5061