LOUISIANA TECH UNIVERSITY Office of Financial Aid

Scholarship Information Form 2021-2022

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272 techaid@latech.edu

SCHOLAR	SHIP Name:						SCHC	LARSHIP Num	ber:	
FIS Number							Found	ation Number		
College and	/ or Department:						Conta	ct Person:		
1. Awa	arding Eligi	bility Requireme	nts:							
Academ	ic Requirem	ents								
MAJOR:			Minimum Cum GPA:			Minimum ACT or SAT:				
Rank in Graduating Class Required:			Financial Need:							
Additional R	equirements:									
Classifie	cation of Elig	gible Students (ch	eck all	that apply	y):					
	Incoming Fre	eshman	Contin	uing Fresł	nman		Transfer Stu	dent		
Sophomore			Junior			Senior				
	Graduate		Other							
Other Re	equirements	Specified (Compl	ete AL	L that App	oly):					
Gender:	Male	Female	N/A	Hometown	and / or Parisl	ו:	Other:			
2. Rec	quirements	to retain Schola	rship i	f renewa	ble (oth	erwis	e leave bla	nk):		
GPA Rec	quirements:	4.0 Cumulative 2.5 Cumulative		3.5 Cumula Not Requir		3.0 C	umulative	2.75 Cur	mulative	
Enrollme	ent Status for	Eligible Students:	Full	-Time	3/4 Tim	е	1/2 Time	Less	than 1/2 Time	N/A
Probatio	n Period:	Yes No	lf yes, ł	now long?						
If the student does not meet requirements and loses scholarship, can they be reinstated? Yes No										
If a student changes major, will they be eligible for the award? Yes No										
What is the duration of the scholarship award? 1 quarter 1 year 2 years 3 years 4 years varie								varies		

3. Application Process

When is the application available for students to apply?

When is the deadline for this scholarship?

What are the open and close dates for reviewers?

Please specify if this scholarship is auto-match or apply-to: Auto-Match Apply-to

Auto-Match: Student will have to complete their general application and if they meet the criteria of the scholarship, they will automatically be placed as applicants for this scholarship. Apply-To: Stuent will have to complete their general application and apply directly to the scholarship by answer ing additional guestions to be considered an applicant for this scholarship.

Please email a list of people you would want in your reviewer group for this scholarship. Please include name and email addresses and send this information to:

Please email a list of people you would want to have opportunity administrator access for your department. Please include names and email addresses and send this information to:

4. Responsible Party to Approve Scholarship Awarded

Department Head / Chair - Scholarship Comittee

College Dean

University Research Signature (Grant Funds Only)

5. Board of Regents Data Collection:

Point of Origin: Endowed and unfunded institutional programs, award controlled by the institution

Campus-based Government Federal Government State Other State of Louisiana Financial Aid

Outside (privately funded programs, aid received from parishes or other state governments

Extra, supplemental sources of funding, alternative loans, PLUS, employee dependent, tuition exchange

Criteria used to determine student eligibility: Based on talent:	Athletic, Athletic	Trainer, Chee	rleading, or s	sımılar
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Based on Talent: Music, Art, Dance, Student Government, Other Leadership

Merit-based Need-based Other

Create or reduce revenue:	Real dollars exist	Award that represent a tuition discount
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Awards that represent a discount from normal room and board charges

Term or student obligations: Work Loan Gift

Tuition benefits and waivers available to employees and / or their dependents