



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Scholarship Information Form 2022-2023

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

SCHOLARSHIP Name:

SCHOLARSHIP Number:

FIS Number:

Foundation Number

College and / or Department:

Contact Person:

1. Awarding Eligibility Requirements:

Academic Requirements

MAJOR:

Minimum Cum GPA:

Minimum ACT or SAT:

Rank in Graduating Class Required:

Financial Need:

Additional Requirements:

Classification of Eligible Students (check all that apply):

Incoming Freshman

Continuing Freshman

Transfer Student

Sophomore

Junior

Senior

Graduate

Other

Other Requirements Specified (Complete ALL that Apply):

Gender:

Male

Female

N/A

Hometown and / or Parish:

Other:

2. Requirements to retain Scholarship if renewable (otherwise leave blank):

GPA Requirements:

4.0 Cumulative

3.5 Cumulative

3.0 Cumulative

2.75 Cumulative

2.5 Cumulative

Not Required

Enrollment Status for Eligible Students:

Full-Time

3/4 Time

1/2 Time

Less than 1/2 Time

N/A

Probation Period:

Yes

No

If yes, how 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

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: Student will have to complete their general application and apply directly to the scholarship by answering additional questions 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 Committee

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, Cheerleading, or similar

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

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