



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**

**Scholarship Change Request 2024-2025**  
**Outside / Private Donor Scholarship**

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

Changes to scholarships, already posted to student accounts, will only be allowed if the donor has not specified otherwise. Contact the scholarship donor for specifications.

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

Scholarship Name:

Total Award Amount:

Academic Year:

Fall Quarter Award Amount:

Winter Quarter Award Amount:

Spring Quarter Award Amount:

Please check Award Type:

One-Time Only

One Year

Two Year

Three year

Four Year

**Student Signature:**

**Date:**