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LOUISIANA TECH UNIVERSITY Office of Financial Aid

Scholarship Information Form 2025-2026

Please return this completed form to: Louisiana Tech University

Office of Financial Aid PO Box 7925 Ruston, LA 71272

SCHOLARSHIP Name:			SCHOLARSHIP Number: (to be provided by F				Financial Aid	
Cost Center/Grant/Project/Pro	ogram Number:			Foundation	Foundation Number			
College and / or Department:				Contact Person:				
1. Awarding Elig	ibility Requirem	ents:						
Academic Requiren	nents							
MAJOR:		Minimum Cum GPA:		Minimum ACT or SAT:				
Rank in Graduating Class Required:		Financial Need:						
Additional Requirements:								
Classification of Eli	gible Students (c	heck all that ap	ply):					
Incoming Freshman		Continuing Freshman		Transfer Student				
Sophomore		Junior		Senior				
Graduate		Other						
Other Requirements	Specified (Comp	olete ALL that A	apply):					
Gender: Male	Female	N/A Hometo	wn and / or Parish:	Other:				
2. Requirements	to retain Schol	arship if renev	wable (otherwi	se leave blan	k):			
GPA Requirements:		4.0 Cumulative 3.5 Cumulative 2.5 Cumulative Not Required		3.0 Cumulative		2.75 Cumulative		
Enrollment Status for	Eligible Students:	Full-Time	3/4 Time	1/2 Time	Less thar	1/2 Time	N/A	
Probation Period:	Yes No	If yes, how long	g?					
If the student does no	ot meet requiremer	nts and loses scl	nolarship, can the	y be reinstated	? Yes	No		
If a student changes	major, will they be	eligible for the a	ward? Yes	No				
What is the duration	of the scholarship	award? 1 qua	arter 1 year	2 years	3 years	4 years	varies	

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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 questions to be considered an applicant for this scholarship.

List for Reviewer Group. Please include names and email addresses and send this information to:

List for Opportunity Administrator(s). 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, 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

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