



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

**Outside / Private Donor Scholarship**  
**2026-2027**

**Please return this completed form to:**

Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

Scholarship Name:

Total Award Amount:

Fall Quarter Award Amount:

Winter Quarter Award Amount:

Spring Quarter Award Amount:

Summer Quarter Award Amount:

**Please check Award Type:**

One-Time Only

One Year

Two Year

Three year

Four Year

DONOR Name:

DONOR Contact:

DONOR'S Mailing Address (include Apt. No.)

City

State

Zip Code

DONOR'S Phone (Include area code)

DONOR'S FAX (Include area code)

DONOR'S Email Address