



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**  
**Bulldog Out-of-State Fee Waiver**  
**Scholarship Application 2025-2026**

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

**PRIORITY DEADLINES:** **Fall** - August 1 **Winter** - December 1 **Spring** - March 1 **Summer** - June 1

Students whose parents are graduates of Louisiana Tech University are automatically exempt from Out-of-State fees. You will not need to complete this form. Please contact the Office of Admissions at 318-257-3036.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN		
STUDENT'S PERMANENT Address (include Apt. No.)			City	State	Zip Code
STUDENT'S MAILING Address (include Apt. No.)			City	State	Zip Code
STUDENT'S Email Address		STUDENT'S Date of Birth (MM/DD/YYYY)		STUDENT'S Cell Phone (Include area code)	

Please check the term for which you are requesting scholarship to begin:      Fall      Winter      Spring      Summer

**Enrollment Status:**

Currently Enrolled  
 New Transfer

**Requirements:**

12 hours earned; AND  
 2.75 Cumulative GPA; AND  
 No Remedial Classes Needed

**Citizenship Status:**

U.S. Citizen  
 Not a U.S. Citizen

**College(s) Attended other than Louisiana Tech University:**

Name of College	Date Attended: (e.g Fall 2023 - Spring 2024)

**Please Note:**

**Current Students:** The applications will be processed once the grades are posted for the previous quarter. Any fees owed will need to be paid by the fee payment deadline and a refund for the out-of-state fees will be given if eligible.

**Readmitted Students:** If you have previously received the Bulldog Scholarship, this form is not needed. You will have to return for one quarter and earn at least 8 hours with a 2.0 quarterly and cumulative GPA before the scholarship can be reinstated for the following quarter.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR FINANCIAL AID STAFF USE:**

12 hours earned; AND  
 2.75 Cumulative GPA; AND  
 No Remedial Classes Needed

**Quarter:**

**Year:**

Approved      Denied      Incomplete

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_