



Financial Assistance Application Form

For Southern University at Shreveport Students

The application form must be submitted by the student to the Registrar's Office, and the Financial Aid Office for verification of grade point average (GPA) and need. The completed application must be submitted by the student to the Foundation. An approved application will be forwarded to the Foundation's office for verification of eligibility and the disbursement of funds. Include two (2) letters of reference.

Name: _____ Birthday: ____/____/____ Age: _____

Address: _____

Phone: (_____) _____ Email: _____

Name of Parent/Guardian or Spouse: _____

Annual Gross Income: _____

Financial Assistance Rules and Regulations

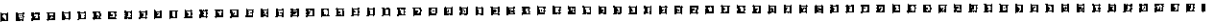
ELIGIBILITY required for this award includes:

- 1) Students must a minimum cumulative **GPA of 2.0.**
- 2) Students must have accumulated **fewer than 36 semester credit hours.**
- 3) Students who do not successfully complete the semester that the Assistance Award is granted may not be eligible to receive another award.
- 4) **This is not a continuous award and may be granted for one (1) semester only, based on the availability of funds. Eligibility ceases if granted for two (2) semesters. An application must be submitted for each semester.**

PROVISIONS of the Awards are for tuition and/or books only. Tuition awards will be in the amount of \$1,500.00 or less. Book awards will be in the amount of \$350.00 or less.

I, the undersigned, have read, understand and agree to the rules and regulation established by the Southern University at Shreveport Foundation.

Student Signature _____ Date _____





FOR REGISTRAR OFFICE USE ONLY

I hereby certify that _____ has a cumulative grade point average of _____ and is classified as a _____ with a total of _____ semester hours.

Registrar Office Director/Advisor Signature _____



FINANCIAL AID OFFICE USE ONLY

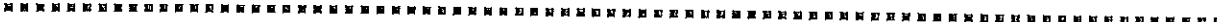
I hereby certify that _____ has need for financial assistance as determined by this office.

OTHER Financial Rewards: _____

Financial Aid Director/Advisor Signature _____

Tuition \$ _____ Books \$ _____ Amount Awarded \$ _____ Approved _____ Disapproved _____

\$ _____
AMT/FUNDS



SUSF OFFICE USE

Foundation Officer's Signature/Date

In 750 words or more, please explain your reason for applying for this award and why you feel this scholarship will be beneficial to you.

Lined writing area with horizontal lines.