

OFFICIAL USE ONLY

_____ Fall _____ Spring	Type of Assistance _____	Tuition and Books _____	Cum, GPA _____	Approved _____	Not Approved _____
Yr. _____	_____	Tuition Only _____	_____	Amount Awarded _____	Circle one: T/B T B
		Books Only _____			

Date Received: _____
 Received by: _____

**SOUTHERN UNIVERSITY SYSTEM FOUNDATION
 APPLICATION FOR EDUCATIONAL ASSISTANCE**

Directions: Please complete all sections of this application. Write N/A if sections do not apply. Type or print in ink.

Applicant's Personal Information

Parish or County _____

Name _____ SSN _____

Permanent Address _____ Telephone (____) _____
Street City/State/Zip

Local Address _____ Telephone (____) _____
Street City/State/Zip

Birthday _____ Sex _____ Martial Status _____ Number of Dependents _____

Parent(s) Guardian Name _____

Address _____ Telephone (____) _____
Street City/State/Zip

Parent(s)/Guardian(s) Employment _____

Number of Dependents for Parent(s)/Guardian(s) _____

Parent(s)/Guardian(s) Income Range: Under - \$10,000 _____
 \$10,000 - \$20,000 _____
 \$20,000 - \$30,000 _____
 \$30,000 - \$40,000 _____
 \$40,000 - \$50,000 _____
 \$50,000 - Over _____

Applicant's Employment Information

Place of Employment _____ Telephone (____) _____

No. of Hours/Week _____ Monthly Income _____

Spouse Name _____ Monthly Income _____

Spouse Employment _____ Telephone (____) _____

Applicant's Educational Information

SU CAMPUS: ___SUBR ___SULC ___SUNO ___SUSLA Expected Graduation Date_____

Classification: ___Freshman ___Sophomore ___Junior ___Senior ___Graduate Student

Major_____ Minor_____

High School (Freshman Only)_____ Date Graduated_____

City_____ State_____ Zip Code_____

Give a brief description of your college/high school activities and achievements:
(scholastic awards, clubs, offices held, hobbies, athletics, etc.) _____

Applicant's Educational/Financial Awards

Have you previously received assistance from the SU System Foundation_____ Yes _____ No
(Please understand that previous funding from the SU System Foundation does not guarantee continuous funding)

I have already been awarded the following assistance (List ALL sources including loans, grants, scholarships, etc.)

Source	Amount

I have applied for the following assistance (List ALL sources including loans, grants, scholarships, etc.)

Source	Amount

I certify that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant_____ Date_____

Cumulative Grade Point Average_____ ACT/SAT Score_____

Please attach the following:

- _____ Official transcript (if entering Freshman or Transfer Student), otherwise a copy of your _____ grad report
- _____ Resume & three (3) letters of recommendation (for first time applicants) OR one (1) letter of recommendation (for continuing applicants)
- _____ Copy of _____ billing statement
- _____ Copy of _____ class schedule



Southern University System Foundation
Post Office Box 2468 ■ Baton Rouge, LA 70821-2468
Attention: Educational Assistance Committee