**Nicholls Alumni Legacy Scholarship**

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**Scholarship Criteria:**

Applicant must:

* Be the child of a Nicholls Alumnus(na)\*
* Be a full time undergraduate student
* Be in good academic standing
* Submit a typed 250-word essay detailing why he/she should receive the scholarship
* Provide two academic and/or professional references *(References must not be related to applicant.)*
* Submit the application form

*\*An alumnus(na) is defined for this scholarship as having completed a verified program of study at Nicholls State University (to include children of individuals who completed Certificate Programs in addition to individuals who graduated)*

*The awarded scholarship will be in the amount of $500 per semester for up to 2 semesters.*

Applications must be returned to the Office of Alumni Affairs or the Nicholls Scholarship Office NO LATER than **March 31st.**

**Office of Alumni Affairs Office of Scholarships**

**Nicholls State University Nicholls State University**

**P. O. Box 2158 P. O. Box 2005**

**Thibodaux, LA 70310 Thibodaux, LA 70310**

*If you have any questions, please contact the Office of Alumni Affairs at (985) 448-4111 or alumniaffairs@nicholls.edu.*

*Revised 1/8/2017*

NICHOLLS ALUMNI LEGACY

SCHOLARSHIP APPLICATION

All blanks must be completed for this Application for 20 to 20

application to be considered. If something is

not applicable, put N/A in blank.

Continue answers on back of

Application if needed.

Type or print only.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Overall grade point average

Name Age N#

Address E-mail

Local Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address while attending Nicholls

Father’s Name Alumnus/Yr

Mother’s Name Alumna/Yr

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for Financial Aid? yes no

Student Resources *(Monetary)*

Other financial aid *(for example: grant, loan, off or on campus employment, etc.)*:

Other scholarships held at present time:

$ Value of Scholarships

*next page*

Expected Graduation Date:

Plans after graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List two academic and/or professional references:

*Reference 1:*

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reference 2:*

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you:

\_\_\_\_ attached a typed 250-word essay?

\_\_\_\_ attached a copy of your transcript?

\_\_\_\_ completed all blanks?

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I swear that the above information is correct to the best of my knowledge and I understand that the falsification of any information shall automatically disqualify me from any further consideration for this scholarship. I hereby agree that my signature allows the Nicholls State University Alumni Federation to verify all information on this application.

Applicant Signature Date