**The Debbie Raziano Endowed Alumni Scholarship**

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**Scholarship Criteria:**

Applicant must:

* Be a full-time student enrolled in any program of study
* Have achieved junior or senior status
* Is enrolled in at least two university sanctioned organizations *(co-curricular form must be submitted to verify)*
* Have and maintain a 3.0 GPA
* Submit a typed 250-word essay answering the following questions:
  + Why are you applying for this scholarship?
  + What does Nicholls mean to you?
  + How do you plan on fostering and promoting Nicholls upon graduation?
* Provide two academic and/or professional references *(References must not be related to applicant.)*
* Submit the application form

*Awarded scholarships will be in the amount of $500 per semester (Fall & Spring) for 1 year only (second semester pending retention of all criteria).*

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*

**THE DEBBIE RAZIANO ENDOWED**

**ALUMNI 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**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Mailing/Home Address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Cumulative GPA: \_\_\_\_\_\_\_\_\_\_

Name and value of other scholarships presently receiving:

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Extra-Curricular Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(You may attach any additional information you wish the scholarship committee to consider.)*

*next page*

**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 co-curricular form?

**\_\_\_\_** 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