**The J. Nannie Endowed Alumni Scholarship**

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**Scholarship Criteria:**

Applicant must:

* Be a full-time student enrolled in any program of study
* Have achieved sophomore, junior or senior status
* Maintain at least a 3.2 GPA
* Be enrolled in at least 1 University sanctioned organization *(a co-curricular form will be submitted to verify--being a staff member of the Nicholls Worth or yearbook is considered a sanctioned organization)*
* 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

*The awarded scholarships will be in the amount of $250 per semester (Fall & Spring) for 1 year only (second semester pending all retention criteria are met).*

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 J. NANNIE 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**

Overall grade point average

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

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

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Expected Graduation Date:

*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 co-curricular activity reporting form from Nicholls

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

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

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**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