

**LSU MEMPHIS ALUMNI CHAPTER
JOE OLIVERE MEMORIAL
UPPERCLASSMAN SCHOLARSHIP APPLICATION FORM**

Biographical Information:

Last Name _____ First Name _____ Middle Init. _____

Address _____ City _____

State _____ Zip _____

Gender _____ Date of Birth _____ County of residence _____

E-mail address _____ Phone () _____

Address where you may be reached during the summer, if different from above:

E-mail address and phone where you may be reached during the summer, if different from above:

Are you currently enrolled at LSU? _____ Are you enrolled for the upcoming fall semester at LSU? _____

College at LSU in which you are enrolled _____

Degree which you are pursuing _____

Major(s) _____

Minor(s) _____

Cumulative GPA: _____

Hours earned:

GPA within major: _____

Towards Major(s) _____

Towards Minor(s) _____

Have you been awarded any other financial aid for the upcoming (current) academic year? _____

If so, list name of award, amount, type (scholarship, grant, etc.) and whether need-based or merit based

Have you been awarded financial aid at LSU during the current or prior academic years? _____
If so, list name of award, amount, type (scholarship, grant, etc.), whether need-based or merit-based, and year of award.

Relatives who have attended LSU:

Name	Dates Attended	How Related	Degree(s)

Name(s) and contact information of your parents: _____

Are your parents members of the LSU Alumni Association?

Memphis Chapter: _____ YES _____ NO Baton Rouge: _____ YES _____ NO

Collegiate Honors, Awards and Activities

Please list any honors or awards you have received, as well as any academic activities or organizations in which you are involved at LSU. Specify years of participation, and any offices held in organizations:

Please list other activities (community service, etc.) in which you are involved at LSU. Specify years of participation and any offices held in organizations.

Employment Information

If you are currently not employed please skip to next section

Place of employment (name of business or organization and address)_____

Phone () _____

Hours per week _____ Position _____

Immediate Supervisor _____

May we contact your supervisor? Yes ____ No____

Certification:

I certify that all of the data provided on this application is true and correct as of today’s date and that I have not willingly withheld any pertinent information. I will use scholarship funds for educational purposes only. I give permission for information to be given to appropriate committees so that they may recommend eligible recipients. I do _____, do not _____ give permission for my transcript to be released to a scholarship sponsor.

Signature of Applicant _____ Date _____

Applications for scholarship are processed without regard to sex, age, race, color, creed, national origin or physical handicap.

An Equal Opportunity/Affirmative Action University

