



ACADEMIC SCHOLARSHIP RECIPIENT PROFILE

Last Name First Name Middle

Preferred first name or nickname

Home Phone Number Cell Phone Number (Please include area codes!)

E-Mail Address(es): Please list the address you most frequently use and check!

Anticipated LSUE Graduation Date Intended Major(s)

High School City State

Permanent Address City/State/Zip

1. Why did you choose to attend LSUE? If you are a returning student, comment on your time at LSUE thus far.

2. Are you the first in your family to attend any college? _____

3. What made you decide to choose your major/minor?

4. Did you do anything special over the summer? (Travels, jobs, internships, volunteer work, etc.)

5. Please highlight your achievements, special talents, clubs, jobs, interests, etc. Tell us a little about yourself.

6. What are your post-graduation goals? (If known, include name of school you plan to attend, name of organization, internship, etc.).

7. If you had an opportunity to tell your scholarship donor what your scholarship means to you, what would you say?

I authorize the LSUE Foundation to release this information to my scholarship donor(s).

Signature

Date

- This form will be used by the LSUE Foundation and LSUE Scholarship Committee to keep your scholarship donor(s) informed about the recipient of their scholarship(s) for the academic year.
- Please complete the online form and email to foundation@lsue.edu with as much information as possible. We would also ask that you attach a recent photo of yourself.
- If you have any questions, please call the LSUE Foundation office at (337) 550-1257 or send an email to mlandry@lsue.edu.

Thank you and congratulations on your scholarship award!