

Complete semester(s) and corresponding year(s) applying for:

Fall-Year: __ Spring-Year: __

Check One: Resident ____ Non-Resident. __ _

<i>For office use only</i>
Date Data Sheet Received:

Board Member Recommending:

**SOUTHERN UNIVERSITY SYSTEM
BOARD OF SUPERVISORS SCHOLARSHIP STUDENT DATA SHEET**

NAME _____ STUDENT ID# _____
 Last Middle First

MAILING ADDRESS _____
 Street City State Zip

HOME ADDRESS _____
 Street City State Zip

PHONE() _____ EMAIL _____

DATE OF BIRTH _____ SEX _____
 CELL() _____ HIGH SCHOOL _____
(Name, City & State)

SU CAMPUS ATTENDING/APPLYING TO _____ CLASSIFICATION _____

MAJOR/PROGRAM _____ ANTICIPATED GRADUATION DATE _____

GRADE POINT AVERAGE _____ ACT/SAT _____

EMPLOYMENT STATUS _____ POSITION HELD: _____

MARITALSTATUS _____ SPOUSE'SNAME _____

PLEASE INDICATE IF YOU ARE RELATED TO ANY OF THE FOLLOWING:

- | | | | |
|--------------------------------|-------|------|---------------|
| 1. US SENATE: | YES__ | NO | IF YES, NAME: |
| 2. US REPRESENTATIVE: | YES | NO | IF YES NAME |
| 3. L.A. LEGISLATOR: | YES | NO__ | IF YES NAME |
| 4. STATEWIDE ELECTED OFFICIAL: | YES | NO__ | IF YES NAME |

PLEASE INDICATE IF YOU ARE AN IMMEDIATE FAMILY MEMBER OF THE **SUBOS** MEMBER THAT RECOMMENDED YOU FOR THIS SCHOLARSHIP: YES____ NO IFYES, WHAT JS THE RELATION??

FAMILY INFORMATION

(Name) (Occupation)

FATHER OR GUARDIAN _____

MOTHER OR GUARDIAN _____

I HEREBY AUTHORIZE THE RELEASE OF ANY APPROPRIATE INFORMATION REGARDING MY ACADEMIC QUALIFICATIONS, SCHOLARSHIP AMOUNTS, AND FINANCIAL NEED STATUS REQUIRED FOR THE PROCESSING OF THIS SCHOLARSHIP APPLICATION.

I FURTHER ATTEST THAT ALL OF THE INFORMATION IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed _____ Date _____