Mail: Langston University Alumni Affairs P.O. Box 1500 Langston, OK 73050



Fax: 405-466-2914 **Email:** vwroberts@langston.edu

LANGSTON

Legacy Scholarship

(Undergrads ONLY)

ALL APPLICANTS

	academic year for students who are resid o are Non-Residents of Oklahoma (per ser		
Applicants must submit a completed application by August 31 , if attending the fall term or January 31 , if attending the spring term to be considered.			
☐ Applicants must file a current Free A Langston University School Code:) through www.fafsa.ed.gov and include the	
☐ Applicants must have a minimum cur and enroll in at least 15 credit hours ea	mulative grade point average (GPA) of 2.5 a ach semester.	and plan to attend as a full-time student	
☐ Applicant must supply a copy of their guardian	r Birth Certificate or other information to do	ocument their relationship to the parent/legal	
☐ All Langston University scholarship	ps are awarded based on applicant eligibi	lity and availability of funds.	
\square A parent or Legal Guardian must b	be an active alumnus of the University Al	umni Association.	
\square A current employee who has been v	with the University at least six (6) months		
☐ For previous recipients must submi	it a new application each year.		
	Student Information		
Name	First		
Last		Middle Initial	
Phone ()	Mobile ()		
Email address:			
Social Security # or Student ID #	(for returning students):		
Permanent Address:			
City:	State:	Zip:	

Resident of Oklahoma: YES NO If yes, s If no, in which state are you a resident?		
If no, I have permanent resident status? YES	□ NO Resident Alien	#
International Student: YES NO		
Ethnic Category: Asian/Pacific Islander White/Non-Hispanic	=	=
Please Mark: □ Freshman □ Sophomore □	Junior 🗆 Senior 🗖 T	Fransfer Student
Free Application for Federal Student Aid (FAFS	A) is on file: YES	NO NO
Please indicate the campus of enrollment:	angston Oklahoma	City 🗆 Tulsa
Semester Year of entry to Langston: ☐ Fall 20	Spring 20	
	rdian Information	
Name: Last First		Middle Initial
Phone: ()		
Email address:		
Mailing Address:		
City:	State:	Zip:
Please ch	eck all that apply:	
I am a graduate of Langston University G	raduation Date:	Degree:
I am an active alumnus of Langston University	ersity Alumni Chapter:	
I am a current employee of Langston Univ	ersity Date of Employmen	nt:
To be verified by the LU Human Resources		
Ce I certify the information provided on this application release of this information and/or my transcripts to the		
	Date:	
*To be verified by the Alumni Association – Two	niversity National Alumn	ni Association
Member # Cha	pter	