



LANGSTON UNIVERSITY

Legacy Scholarship

ALL APPLICANTS

The scholarship value is \$1300 per academic year for students who are residents of Oklahoma and \$2000 per academic year for students who are Non Residents of Oklahoma

Applicants must submit a completed application by **August 31, 2016** to be considered.

Applicants must file a current Free Application for Federal Student Aid (FAFSA) through www.fafsa.ed.gov and include the **Langston University School Code: 003157**

Applicants must have a minimum cumulative grade point average (GPA) of **2.5** and planning to attend as a fulltime student and enroll in at least 15 credit hours each semester.

Applicant must supply a copy of their Birth Certificate or other information to document their relationship to the parent/legal guardian

All Langston University scholarships are awarded based on applicant eligibility and availability of funds.

Parent or Legal Guardian must be an active alumnus with the University or a current employee who has been with the University at least 6 months.

For previous recipients, a new application must be submitted each year.

Student Information

Name _____
Last First 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, since what date? _____
If no, in which state are you a resident? _____ United States Citizen: YES NO

If no, I have permanent resident status? YES NO Resident Alien # _____

International Student: YES NO

Ethnic Category: Asian/Pacific Islander Hispanic Black/Non-Hispanic
 White/Non-Hispanic American Indian Other

Please Mark: Freshman Transfer Student Continuing Student

Free Application for Federal Student Aid (FAFSA) is on file: YES NO

Please indicate your campus of enrollment: Langston Oklahoma City Tulsa

Semester of entry to Langston: Fall 2016 Spring 2017 Summer 2017

Parent/Guardian Information

Name: _____
Last First Middle Initial

Phone: (____) _____ Mobile: (____) _____

Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check all that apply:

_____ I am a graduate of Langston University Graduation Date: _____ Degree: _____

_____ I am an active alumnus of Langston University Alumni Chapter: _____
**To be verified by the Alumni Association – Member _____*

_____ I am a current employee of Langston University Date of Employment: _____

Certification:

I certify the information provided on this application is correct to the best of my knowledge, and I authorize the release of this information and/or my transcripts to the institution involved in awarding of the above scholarship(s).

Student Signature: _____

Date: _____