



OHLAP/Oklahoma Promise Eligibility Request

(1st time freshman and transfer students must complete this form once for Langston University. Continuing students do not need to resubmit this form.)

PLEASE USE BLACK INK ONLY

PLEASE PRINT

Student Name:	Langston ID Number:
Date of Birth:	High School Graduation Date:
Home Phone Number:	Alternate Phone Number:

Langston Email Address: _____@langston.edu

Have you filed a FAFSA (free application for Federal Student Aid) for Langston University?

_____ YES _____ NO

I UNDERSTAND THAT IF I HAVE NOT MET THE FINAL APPROVAL OF THE STATE REGENTS THAT THE OHLAP/OKLAHOMA PROMISE SCHOLARSHIP WILL BE REMOVED FROM MY STUDENT ACCOUNT AND I WILL BE RESPONSIBLE FOR THE ACCRUING CHARGES.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Potential Eligibility: YES / NO _____ Regents Approval: _____

Expiration Term Anticipated "Only": _____ Regents: _____