



**Phoenix Chapter of LSU Alumni Association
Scholarship Application Form**

Questions? Contact Ms. Bryan Fox 602-595-4051 or bfox@harvey-daco.com. Please complete this form and fax to Attn: Ms. Bryan Fox 602-595-3624 or mail it in to the address below **must be received by Friday, April 23rd 2010**:

LSU Scholarship
c/o Ms. Bryan Fox
5655 E. Beverly Ln.
Scottsdale, AZ 85254

Name of Student: _____

Nickname of Student: _____ SS#: _____

Home Address: _____

Home Phone: _____ Alternative Phone: _____

Date of Birth: _____

Mother's Name: _____

Mother's employment: _____

Father's Name: _____

Father's employment: _____

Did your parents graduate from LSU? If so when? Father _____ Mother _____

Are your parents members of the Phoenix Chapter of the LSU Alumni? Y / N (Circle One)

High School Attended: _____ High School GPA: _____

ACT Score: _____ Are you currently enrolled at LSU? _____

What is your intended major at LSU: _____

What is your intended career path: _____

Have you applied for financial aid: _____

If yes, have you been approved for any? And what type have you been approved for? _____
