

SCHOLARSHIP APPLICATION

**DEPARTMENT OF AGRICULTURAL ECONOMICS
AND AGRIBUSINESS - LSU**

This form is used only for scholarships within the Department of Agricultural Economics and Agribusiness. Please return completed form to Room 101, Agricultural Administration Building, by **Friday, October 23, 2009**.

Name _____ Parent's Name _____ .

LSU # _____ Home Parish _____ .

Local Address _____ Home Address _____ .

_____ . _____ .

Local / Cell Phone # _____ Home Phone # _____ .

E-mail Address _____ .

Local (Home) Newspaper _____ .

Major _____ College _____ . Advisor: _____

Anticipated Graduation Date _____ .

Semester Hours Completed at LSU _____ Total Semester Hours Completed _____ .

Number of Hours Currently Enrolled In: _____ Grade Point Average Last Twelve (12) Months _____

Grade Point Average at LSU _____ Overall Grade Point Average _____ .

Entering Freshmen Only: ACT Score _____ High School Grade Point Average _____ .

Other Universities Attended:

Name

Dates Attended

Degree

_____ .

Honors and Awards (including Scholarships):

_____ .

Extra Curricular Activities (Including Sporting Activities and Leadership Positions, if Appropriate):

_____ .

(Over)

Agricultural Background:

Work Experience:

Career Interests:

Other Supporting Information:

Indicate below the percentage of financial support you receive from each source:

Self _____% Family _____% Scholarships _____% Loans _____%

My signature certifies that the information given in this application is true and correct and that I understand that I will forfeit any scholarship award if I fail to be present at its awarding on November 14, 2009 unless excused by the Department Head.

Your Signature _____ Date _____.

(Application Deadline date – October 23, 2009)