

SCHOLARSHIP REQUEST FORM
(RETURN TO FOUNDATION OFFICE BY MARCH 1)

Name of Scholarship/Award _____

Foundation Account # _____ Award Year _____ Award Amount _____

Full Name of Recipient _____ Longwood ID# _____

Permanent Mailing Address _____

City _____ State _____ County _____

Full Time Student Class _____ Cumulative _____ If Freshman, H.S. GPA & SAT score _____
Part Time Student Status _____ GPA _____ (attach HS transcript if necessary) _____

Major/Concentration _____

Financial Need: Yes/No (if this is a criteria of the Scholarship, must verify need with Financial Aid).

Additional criteria used in selection of recipient:

Extracurricular Activities at Longwood or high school (if this is a criteria of the Scholarship)

Financial Aid Office authorizes payment to student's account yes no*

***If you check "no", please indicate in the comments section below how payment will be made.**

Comments _____

Authorized payment from the Foundation to student's account

- summer school only **Award will be divided equally**
 fall semester only **between fall and spring semesters**
 spring semester only **unless otherwise indicated.**

Financial Aid Office to notify student of award as soon as possible

following awards banquet

I am aware of the criteria for this scholarship/award and have verified that the student meets the criteria.

Signature of person authorizing award

Department/Office

Date