

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, September 13, 2002**. Please note scholarship recipients must be **full-time students** (carry 12 or more hours) and **major** in the Department of Agricultural Economics and Agribusiness.

Name _____ Parent's Name _____ .

Social Security # _____ Home Parish _____ .

Local Address _____ Home Address _____ .

_____ . _____ .

Local Phone # _____ Home Phone # _____ .

Local Newspaper _____ .

Major _____ Advisor _____ .

Anticipated Graduation Date _____ .

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

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 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 _____%

To certify that the information given in this application is true and correct, please sign below:

Your Signature _____ Date _____.

(Application Deadline date - September 13, 2002)