



REQUEST TO ESTABLISH ENDOWED SCHOLARSHIP

AS509

(Excluding LSU Foundation)

| | | | |
|---|--|---|--|
| | | | |
| Cost Center | | | |
| Student Classification | | Major | |
| Required GPA | | | |
| Number of Semesters/Years Student can receive Scholarship | | Full-time status required? Yes No | |
| Awarded Fall Spring Summer Full Year | | | |
| Other Requirements | | | |

Note: Documentation of scholarship criteria and other donor restrictions must be attached to this form.

Approved by

Department Head

Printed Name

Date

Dean

Printed Name
