# 

**Smitty’s Supply Inc. Endowed Scholarship in Accounting**

Southeastern Louisiana University College of Business

Scholarship Application

**Criteria:**

* Must be majoring in Accounting.
* Must be in good standing with the University.

**Retention:**  As long as criteria is met.

**The number of students this scholarship should be awarded to is 1.**

Information to be completed by all applicants:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

W#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Current classification:
   1. Freshman (have earned less than 30 credit hours)
   2. Sophomore (have earned 30-59 credit hours)
   3. Junior (have earned 60-89 credit hours)
   4. Senior (have earned more than 90 credit hours) If a Senior, expected graduation date
   5. MBA student

|  |  |  |
| --- | --- | --- |
| 3. | A. | Are you a transfer student? |
|  | B. | If so, how many credit hours have you earned at Southeastern? |

Current status:

* 1. Full-time

(Undergraduate taking 12 or more credit hours) (Graduate taking 9 or more credit hours)

* 1. Part-time

1. Major:

6A. Cumulative GPA:

6B. Hours completed/transferred:

1. Please describe financial need.
2. What are your academic plans over the next two years at Southeastern?
3. What are your employment goals after graduation?

Additional information:

1. Have you fully completed the above application? (incomplete applications will not be considered)
2. Did you attach a copy of your resume?

To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive the above-named scholarship. The College of Business, its Scholarship Committee, and its faculty and staff, have my permission to share my academic information and documents with the University Financial Aid Office, the Southeastern Development Foundation, governmental and university auditors and representatives of the donor for purposes of verifying my eligibility for this scholarship. I understand that in order to receive this scholarship, I must be enrolled at Southeastern Louisiana University and continue to meet all scholarship guidelines. Should I be awarded this scholarship, I understand that I must send a physical “Thank You” letter to the scholarship sponsor as a condition of receiving the scholarship.

# I have read and accepted the above statement and understand that incomplete applications will not be considered.

Signature Date

Scholarship Applications are to be submitted to:

College of Business- Dean’s Office

SLU 10735

Southeastern Louisiana University

Hammond, LA 70402

Applications may be submitted to the Dean’s Office in person, sent to my campus mail address, or submitted via USPS.