# Southern University Alumni Federation
# Lake Charles Chapter, Inc.



# Scholarship Application 2026

## SCHOLARSHIP

- Awards up to **$3000** depending on the number of applicants and the quality of submissions for the **2026-2027 academic school year**.

## ELIGIBILITY

- Applicant MUST be **a Calcasieu Parish 2026 graduating High School Senior**.
- Applicant MUST have a minimum **Grade Point Average (GPA) of 2.8**
- Applicant MUST have a minimum **ACT Composite Score of 20.**
- Applicant plans to attend **Southern University and A&M College in Fall 2026**.

## REQUIREMENTS

- SECTION I, II (Essay), and III: Completed by the **Applicant**.
- SECTION IV: Signed by the **Applicant and Parent**.
- SECTION V: Completed by the **High School Counselor.**
- **Applicant's academic transcript** from the High School Counselor/signature is REQUIRED.

***ALL DOCUMENTATION REQUESTED MUST ACCOMPANY THE APPLICATION.**

*Incomplete applications will not be considered.

*Upon receipt of REQUIRED documents, allow 2-4 weeks for processing the awards.

**MAIL TO:**

SU Alumni LC Chapter
ATTN: Scholarship Committee
P. O. Box 636
Lake Charles, LA 70602

**or**

**EMAIL TO:**

sualumni.lakecharles@gmail.com
Subject Line: SCHOLARSHIP 2026

*SCAN all documents into a PDF file & email.

**Mail or Email the APPLICATION by March 20, 2026**

Any questions, contact:
Monica Guidry Shelton, Scholarship Chair (337-842-4753) or
Loretta Spruel, Chapter President (337-794-3746)

**SOUTHERN UNIVERSITY ALUMNI FEDERATION LAKE CHARLES CHAPTER, INC.**
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## SECTION I: (Completed by the APPLICANT)

Applicant: _____
(Full Name)

Address: _____

City/St/Zip Code: _____

Phone: _____

Email: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Citizenship Status: ☐ U.S. Citizen ☐ Permanent Resident ☐ Student Visa

High School: _____ GPA _____ ACT Score _____

Senior Awards Date: _____

What will be your **major field of study**? _____

How have you prepared for your major field of study? Be specific.

_____

_____

_____

## SECTION II: (Completed by the APPLICANT):

**Essay Topic:** Why is attending **Southern University and A&M College** important to you and how will it help you in the future?

- Essay MUST consist of 500 words minimum/700 words maximum.
- Essay MUST be typewritten, double-spaced, 12 pt. Times New Roman font, with 1" margins.
- Essay MUST be included with this scholarship application.

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## SECTION III: (Completed by the APPLICANT)

- List **school-sponsored activities** in which you participated, including duration and any office held, or awards/honors received. *Attach additional sheet if necessary.*

| Activity | Position | Awards/Honors |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

- List **extracurricular and volunteer activities**, including community groups/projects, organizations, and social groups. List any offices held or awards/honors received. *Attach additional sheet if necessary.*

| Volunteer / Community Activities | Position | Dates | Hours per Week | Awards / Honors |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

_____ _____

Applicant (Signature) Date

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## SECTION IV: (READ and signed by the APPLICANT/PARENT (GUARDIAN)

I understand that a **photograph** will be required from the finalists and may be used for Chapter promotions and other programs.

We certify that the **information provided is true and complete** to the best of our knowledge. If required, we agree to provide proof of this information, including but not limited to copies of post-secondary enrollment and transcript. We realized that if documentation is not provided, the applicant may be deemed ineligible for the scholarship.

By signing this application, we understand purposely that false or misleading information may revoke this award. Repayment of any amounts received may be required.

| | |
|---|---|
| _____ | _____ |
| Applicant (Print Name) | Parent/Guardian (Print Name) |
| _____ | _____ |
| Applicant (Signature) | Parent/Guardian (Signature) |
| _____ | _____ |
| Date | Date |

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## SECTION V: (Completed by the HIGH SCHOOL COUNSELOR):

- **Verification of Grades and ACT Score**

Name _____

Title _____ Phone _____

High School _____

Applicant's Name _____

- Please indicate the following information for the applicant.

1. GPA _____
2. ACT Score _____
3. Class Size _____
4. Class Rank _____

*If a rank is unavailable, please approximate the student's position to the nearest tenth percent and/or provide a grade distribution for the class.

Is the applicant eligible for the **TOPS or TOPS Tech Scholarship** program?

☐ Yes ☐ No

_____ _____

Signature Date