ROCKEFELLER STATE WILDLIFE SCHOLARSHIP PROGRAM APPLICATION

INSTRUCTIONS: Complete this application if you are interested in applying for a Rockefeller State Wildlife Scholarship. To qualify, you must be enrolled at an eligible college or university as a full time student, pursuing a degree in forestry, wildlife or marine science as it pertains to wildlife. Undergraduate student applicants must have earned at least 60 hours of college credit with a cumulative GPA of at least 2.50 for all courses taken. Graduate student applicants must have earned a cumulative GPA of at least 3.00 for all graduate courses taken. All applicants must also have filed the Free Application for Federal Student Aid (FAFSA) by the July 1 prior to the academic year you wish to be considered. **Be sure that your Social Security Number is correct and matches what you have on your FAFSA.**

Complete this Application by printing with a dark ink ballpoint pen or by typing. You must enclose with your Application an official college transcript that includes the most recent semester you attended. You must mail or e-mail your completed and signed Application so that it is **received by LOSFA no later than July 1 immediately before the academic year you wish to be considered**. If your Application is not received by the July 1 deadline, but is received by December 1, you may be eligible for the next spring semester, if funds are available. If you need assistance completing this application, call 800-259-5626. Mail your Application to: **LOSFA, Attn: Scholarship and Grant Special Programs, P.O. Box 91202, Baton Rouge, LA 70821-9202 or e-mail to SGSP@la.gov.**

SECTION I. APPLICANT INFORMATION *(PRINT OR TYPE all information except signatures)*

_____ _____ _____ _____ _____

Mr./Ms./Mrs. First Name M.I. Last Name LOSFA ID Number *(optional)*

Current Mailing Address: _____ _____ _____ _____ _____

PO Box or Street Apt. # City State Zip Code

Permanent Mailing Address: _____ _____ _____ _____ _____

(Parent's Address) PO Box or Street Apt. # City State Zip Code

Home Phone # _____ Cell Phone # _____ Parent's Phone # _____

Louisiana Driver's License or ID # _____ E-Mail Address _____

Indicate your citizenship status: _____ a U.S. citizen _____ a U.S. national _____ an eligible non-citizen _____ Other (specify)

Are you registered with selective service, if required? Check one: ____ Yes ____ No Are you a Louisiana resident? ____ Yes ____ No

Do you have a criminal conviction other than a misdemeanor traffic violation? _____ Yes (specify) _____ No

I plan to use the scholarship at _____ at _____ starting _____ of _____

College or University City Semester/Quarter Year

I plan to graduate in _____ of _____. My date of birth is _____ _____, _____ .

Month Year Month Day Year

The degree I am seeking is _____. My field of study is _____

Currently, I am (CHECK ONLY ONE)	UNDERGRADUATE student with at least 60 credit hours ☐	GRADUATE student ☐

SECTION II. Check Only One That Applies to You (if neither applies, you do not qualify for this scholarship)

☐ I am pursuing an undergraduate degree in forestry, wildlife or marine science as it pertains to wildlife; and I have earned at least 60 college credit hours; and, I have a cumulative college GPA of at least 2.50 for all courses taken.

☐ I am pursuing a postgraduate degree in forestry, wildlife or marine science as it pertains to wildlife; and I have a cumulative GPA of at least 3.00 for all graduate courses taken.

Section III. CERTIFICATION

If I am selected as a Rockefeller Wildlife Scholarship recipient, I understand that I am obligated to comply with all the program rules and the provisions of this Application. I understand that if I decide not to accept the award following notice of my selection, I must notify LOSFA **before** beginning classes the semester for which I am eligible for the Scholarship. I understand that if I do not give this notice and funds are disbursed to my school on my behalf, I will be obligated to return the money to LOSFA.

BY SIGNING BELOW OR BY SUBMITTING THIS FORM TO LOSFA BY E-MAIL, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED TO LOSFA IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND I OBLIGATE MYSELF TO REPAY ALL PROGRAM FUNDS AWARDED TO ME ON THE BASIS OF ANY KNOWINGLY FALSE STATEMENT IN THIS APPLICATION.

_____ _____

Applicant's Signature Date