## OAKWOOD UNIVERSITY OFFICE OF FINANCIAL AID



# Lettie Pate Whitehead Foundation Scholarship 2018-2019

FALL REGISTRATION / SEMESTER – Application must be submitted no later than **August 31**<sup>st</sup>. SPRING REGISTRATION / SEMESTER – Application must be submitted no later than **January 31**<sup>st</sup>.

Students who have <u>NOT</u> financially cleared 70% may be eligible for the Lettie Pate Scholarship during **Registration**. Students who are awarded during **Registration** will only receive the amount needed to financially clear (up to \$750), and <u>will not</u> receive additional funds during that **Semester**. *ONLY* (1) *APPLICATION NEEDS TO BE SUBMITTED EACH YEAR*.

Date:	 	
Full Name: _		
Student ID#: _		
_		

#### Check List:

Note: Make sure <u>ALL</u> required documents are attached to your application. Incomplete applications <u>will not</u> be eligible for award.

Completed and signed application – <i>Required</i>
Enrolled at least six (6) hours – <i>Required</i>
Have a minimum GPA of 2.30 – <i>Required</i>
Must be a legal resident of one of the following states for at least 12 months: Alabama, Florida,
Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Virginia – <i>Required</i>
75-100 Word Essay – <i>Required</i>
(3) Proofs of Residency – <i>Required</i>
A copy of Clearance Statement listing balance (from Student Accounts) – <i>Required</i>

## FOR OFFICE USE ONLY: ( ) Complete / ( ) Incomplete

Term:	FA Reg.	GPA:	Hours:	Cleared:	Balance	: \$	Award:	\$
Term:	FA Sem.	GPA:	Hours:		Balance	: \$	Award:	\$
Term:	SP Reg.	GPA:	Hours:	Cleared:	Balance	: \$	Award:	\$
Term:	SP Sem.	GPA:	Hours:		Balance	: \$	Award:	\$



### **LETTIE PATE WHITEHEAD FOUNDATION**

2018 - 2019 APPLICATION

**NOTE:** Applicants applying for the Registration are required to meet all eligibility criteria and submit <u>ALL</u> documents. Fall / Spring Registration Award – up to \$750.

ELIGIBILITY CRITERIA:  1. Must be a female student enrolled at Oakwood College with a minimum of (6) six hours.  2. Must currently be a legal resident of one of the following states for at least (12) twelve months:					
SELECT ONE: LA MS AL GA FL TN NC SC VA					
<ol> <li>Must have a minimum cumulative GPA of 2.30.</li> <li>Must submit a 75-100 word essay listing your goals, objectives.</li> <li>Must submit (3) three of the following documents with applications.</li> </ol>			scholarship.		
<ul> <li>State issued ID or driver's license - REQUIRED. (Either student or parent)</li> <li>Voter's registration card. (Either student or parent)</li> <li>Most recent state tax return. (Either student or parent)</li> <li>Copy of your high school diploma.</li> <li>Letter from your Pastor verifying residency or membership. (Must list number of years of attendance)</li> </ul>					
Name:					
LAST	F	RST	MIDDLE		
Permanent Address:	State:	Zip Code:			
Local Address:	State	Zip Code.			
City:	State:	Zip Code:			
Social Security #: DOB:	<u> </u>	Student ID:			
Email Address:		_			
Classification: M	ajor:				
Are you currently receiving Financial Aid (Example: Loans, Grants, etc.)? YES NO Are you an Independent Student as defined by Financial Aid? YES NO  NOTE: Notification of receipt of application will be sent via EMAIL ADDRESS after application submission.  CERTIFICATION: I certify that all the information provided is true and complete. Furthermore, I understand the terms and conditions of this application and that submitting fraudulent, misleading, or false information will subject me to serve penalties and may include suspension or expulsion as outlined by the student code of conduct. Furthermore, I will be banned from participating in any scholarship program(s). I also understand that this scholarship fund is a need-based scholarship and that applying does not guarantee eligibility.					
SIGNATURE:	DATE:				

\*\*RETURN APPLICATION AND ATTACHED DOCUMENTS TO THE OFFICE OF FINANCIAL AID\*\*