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SOUTHERN UNIVERSITY AT NEW ORLEANS

6400 SUNO Knights Drive,
New Orleans, LA 70126
Phone: 504.286.5000 www.suno.edu Fax: 504.284.5500

APPLICATION FOR SCHOLARSHIPS

Scholarships are limited and students must complete the scholarship application for all University scholarships and Out-of-State Fee Waivers. Scholarships will be added after gift aid (grants, scholarships, GO Grant, TOPS, SEOG, etc.) has been applied. Scholarships will not award a refund. Please complete all sections of this application. Enter N/A in sections that do not apply. **Incomplete applications will not be accepted**.

Applicant's Personal Information

Last Name: _____ First Name: _____ Middle Initial: ___ Student ID#: _____

Permanent Address: Phone Number:

_____ _____
Street City State Zip Code Parish/County

Local Address: Phone Number:

_____ _____
Street City State Zip Code Parish/County

Birthday: _____ Sex: _____ Marital Status: _____ No. of Dependents: _____

Parent/Guardian's Name: _____ Parent/Guardian's No. of Dependents: _____

Parent/Guardian's Address: Phone Number:

_____ _____
Street City State Zip Code Parish/County

Applicant's Educational Information

Expected Graduation Date: _____ Major: _____ Minor: _____

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

High School Attended: _____ Date Graduated: _____

City: _____ State: _____ Zip Code: _____

What Scholarship(s) Are You Applying To:

☐ **University Fellow** (STEM Majors Only)
☐ **Chancellor's Scholarship**
☐ **SUNO First Generation Award**
☐ **Evening & Weekend College** (Spring 2026 ONLY)
☐ **Out-of-State Fee Waiver**
☐ **GNO-ABO Charitable and Educational Foundation, Inc. of Alpha Kappa Alpha Sorority, Inc.** (Spring 2026 ONLY)

Applicant's Educational/Financial Awards

Have you completed your FAFSA? ☐ Yes ☐ No Have you previously received assistance from SUNO? ☐ Yes ☐ No

(Please understand that previous funding from SUNO does not guarantee continuous funding.)

I have already been awarded the following assistance (List ALL sources including loans, grants, scholarships, etc.):

Source	Amount

I have applied for the following assistance (List ALL sources including loans, grants, scholarships, etc.):

Source	Amount

Click the buttons below to attach the corresponding documents:

ACT	SAT	TRANSCRIPT	Additional Information
Copy of ACT Scores	Copy of SAT Scores	Copy of Official Transcript (if entering Freshman or Transfer Student) OR Copy of Unofficial Transcript from Banner	For the GNO-ABO (Alpha Kappa Alpha, Sorority, Inc.) Scholarship: please include a document that outlines your professional goals, and how this financial assistance will help you reach your long-term goals.

I understand the terms and conditions of accepting any scholarship that may be awarded and I further certify that all information provided is true and correct to the best of my knowledge.

_____ _____ _____ _____
Applicant's Signature Date GPA Email Address

OFFICE USE ONLY

Year: _____
☐ Fall
☐ Spring
☐ Summer

Type of Assistance:
☐ Tuition and Books
☐ Tuition Only
☐ Books Only

Cumulative GPA: _____
Amount Awarded: _____

☐ Approved
☐ Denied