



ATHLETIC SCHOLARSHIP GUIDELINES

McNeese State University Athletic Foundation

Name of Scholarship: _____

Donor Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Amount to Be Endowed: _____

Payment Increments to Recipient (Check One):

- Entire Amount in Fall Entire Amount in Spring
 Half in Fall-Half in Spring Other (Explain): _____

Remarks: _____

Donor Signature: _____ Date: _____

McNeese Acceptance: _____ Date: _____

May we publicize this gift? Yes No *Thank you for your support!*

Selection Criteria: Area of Athletic Interest:

Required Grade Point Average and/or ACT Score?

Semester GPA: _____

Overall GPA: _____

ACT Score: _____

Residence?

City State Parish

No Preference

U.S. Citizen?

Yes No No Preference

Major Field of Study:

No Preference

Classification:

Fresh. Soph. Jr. Sr.

Graduate Student

No Preference

Special Request: _____

Recipient Selection (Choose One):

McNeese Scholarship Committee

Donor After Screening by
Scholarship Committee

Donor Only

McNeese Department Head

With Input from Dept. Head

Other (Explain): _____

Named Recipient to Be

Continued:

_____ Semesters

Until Graduation

While Meeting Requirements

Other: _____

Action Taken If Recipient Falls Below Required GPA:

Replace

Semester Probation

No Action

Other: _____