



Office Of The Chancellor

Gap Assistance Award

Dr. Rodney A. Ellis, Chancellor
3050 Martin Luther King Jr. Drive
Shreveport, La 71107
318 670-6000



Office Of The Chancellor Gap Assistance Award

DOCUMENT CHECK LIST



APPLICANT'S NAME: _____
(Please print your name clearly)

Applicant, as you gather your documents for the processing of your **Gap Assistance Award**, please use this form to assist in assuring you have the correct information required to process your application in a timely manner.

Once you have completed obtaining **all** required documentation, please return them to the **Office of the Chancellor** for processing.

DOCUMENTS NEEDED FOR PROCESSING AWARD

(Check- off each form after it is completed)

- | | | |
|---|---|--------------------------|
| Application | (Attached) | <input type="checkbox"/> |
| Agreement | (Attached) | <input type="checkbox"/> |
| Transcript/GPA Information | (You must provide)
<i>*Official or Unofficial Transcript</i> | <input type="checkbox"/> |
| Class Schedule | (You must provide) | <input type="checkbox"/> |
| Financial Aid Certification Form | (Attached)
<i>*Must be signed by Financial Aid Director or alternate</i> | <input type="checkbox"/> |
| Business Office Certification Form | (Attached)
<i>*Must be signed by Comptroller or alternate</i> | <input type="checkbox"/> |
| Copy of ID | <i>*School ~ or~ State ID</i> | <input type="checkbox"/> |

Should you have any questions concerning the application process, please don't hesitate to contact
Dr. Alan Jackson, Office of Financial Aid and Scholarships

ATTENTION: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

GAP ASSISTANCE AWARD APPLICATION

[Please print or type all information. All areas must be completed.]

Applicant's Name: _____ Major: _____
(Please print clearly)

S.S.N. _____ - _____ - _____ Banner ID # 900- _____ (Note: This is the nine digit Number beginning with 9)

Address _____ Apt # _____

City _____ State _____ Zip Code: _____

Home Phone #: _____ Cell Phone#: _____ Alt Contact #: _____

SUSLA Email: _____ Alt Email: _____

Total # of Credit Hours pursuing this Semester _____ Cumulative GPA _____

Applicant, do you plan: (check all that apply)

- To apply for Financial Aid? Yes No
 - If "yes" and if you are approved, you **do not** qualify for this award.

- To apply for other Scholarships? Yes No,
 - If "yes" and if you are approved, you **do not** qualify for this award.

Please give a **brief** description of your career goals.

Please give a **brief** explanation of why you are applying for this scholarship award.

**To certify that the information given on this application is true and correct to the best of your knowledge, please sign below.*

Applicant's Signature: _____

Date: _____

Disbursements of Gap Funds will be at the recommendation of the Chancellor

<u>For Office Use Only:</u>	Scholarship Awarded: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes, verify by checking the funding source)</small>		
SUSF	<input type="checkbox"/>	Chancellor's Discretionary Fund	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	S U Alumni Association	<input type="checkbox"/>

OFFICE OF THE CHANCELLOR

Gap Assistance Award Objectives and Guidelines

Southern University at Shreveport is pleased to offer the Gap Assistance Award from the Office of the Chancellor. The Gap Assistance Award is designed to provide financial assistance by helping students to remove barriers that threaten their ability to enter school or complete their course of study at SUSLA.

USE OF FUNDS: The Award provides short-term supplemental aid that may be used as a down payment to help cover the costs of tuition and fees for the current semester. Applications to help cover carry-over balances from previous semester may be considered based on availability of funds. To qualify for aid, students must meet the criteria and eligibility standards as outlined below.

GAP AWARD AMOUNTS: \$100 - \$200

CRITERIA & ELIGIBILITY GUIDELINES

- This is a match fund. Student must be willing to 1) **match a portion of the initial award** and; 2) sign a written notice promising to pay any remaining outstanding balance.
- Student must be enrolled at SUSLA. Priority is given to students enrolled full-time.
- Student must provide a one paragraph, typed essay demonstrating the need for funding and how lack of assistance could prevent them from entering or completing their course of study
- Student must submit application and all supporting documentation by the deadline (see below)
- If awarded, student must remain enrolled during semester for which aid is granted or student acknowledges responsibility for repaying funds to the University.
- Student must remain in good standing with the University in order to retain and/or qualify for future funding.

Fall Semester Deadline: September 14

Spring Semester Deadline: February 5 (*Not available for summer awards*)

HOW TO APPLY.

Submit completed application to Dr. Alan Jackson, Asst. Director/Financial Aid
Attn: Chancellor's Gap Assistance

APPLICATION PROCESS:

1. The Chancellor's Gap Assistance will be announced via SUSLA Website (Financial Aid, Office of the Chancellor, and Office of Institutional Advancement webpage); via push cards and flyers, campus Recruiters, and instructors
2. Applicant must submit the following required documents by deadline:
 - a. Application
 - b. One typed paragraph stating need
 - c. Copy of Student ID or state issued ID
 - d. SUSLA banner transcript (must show proof of current enrollment)
 - e. Signed Written Agreement
3. Applications will be logged, verified, and reviewed by Scholarship Review Committee.
4. Recipients will be notified via email provided on the application within seven – ten (10) business days (of normal fall/spring semester) from date received in Financial Aid Office.
5. Awards will be posted to student accounts after all documents (promissory note/agreement)
6. Incomplete applications will not be considered.
7. Awards are granted on a first come first served basis and based on availability of funds.
8. To be considered for future awards, student must demonstrate significant academic progress.



Office Of The Chancellor Gap Assistance Award

Financial Aid Certification Form

Completed form **must** be signed by the *Director of Student Financial Aid & Scholarships* or a designated alternate.

Applicant, please complete the following.

Student's Name: _____

Date: _____

_____-_____-_____ or 900
Social Security Number Banner ID#

School Term: (Semester)

Attention Financial Aid: The following information is needed in determining the qualification of the above mentioned student as it relates to Pell Grants, Student Loans, Scholarships, or other scholarships, etc for assistance through the *Office of The Chancellor Gap Assistant Award*

Financial Aid Office Use Only:

Financial Aid Determination: (Please check the appropriate block)

Does qualify for: (Please describe) _____

Does NOT qualify for one of the above mentioned awards this semester

Undetermined at this time

Remarks _____

Verifying Signature for Office of Student Financial Aid and Scholarships

Mrs. Katraya Williams
Director-Office of Student Financial Aid and Scholarships

Date:



Office Of The Chancellor Gap Assistance Award

Business Office Certification Form

Completed form **must be signed** by the CFO or a designated alternate.

Applicant, please complete the following.

Student's Name: _____

Date: _____

_____-_____-_____ or 900-_____
Social Security Number Banner ID #

School Term: (Semester)

Attention Business Office: The following information is needed in determining the qualification of the above mentioned student for assistance through the **Office Of The Chancellor Gap Assistance Award** as it relates to the student's overall financial / business account with Southern University at Shreveport.

Business Office Use Only:

(Please check all of the appropriate blocks that applies to this student)

Does NOT show any type assistance for this semester. *Only owes for current semester.

Does show Financial Aid (Show amount of Pell, Loans, Project Success, etc on file).

NO Prior Balance

DOES have a prior balance. (Show amount & explanation)

Does show third party assistance on file. (Name of third party i.e. Church, Sorority, Fraternity, etc)

Other Remarks:

Verifying Signature for Business Office

Ms. Brandy Jacobsen
SUSLA Chief Financial Officer (or designated alternate)

Date:



Office Of The Chancellor Gap Assistance Award

Agreement Signature Form

I _____ have read, acknowledged and understand the mentioned
(Print Your Name)
objectives, eligibility rules, guidelines regarding the **Gap Assistance Award**. By completing and signing
this document, I agree to all of the conditions set forth by this agreement and will honor all information and
policies.

Name: _____
(Print Your Name)

Signature: _____

Date: _____