

**HOFSTRA UNIVERSITY
CROWN AND LANCE ALUMNI ASSOCIATION
ENDOWED SCHOLARSHIP
2018-2019**

Dear Applicant:

This scholarship will be awarded to one or more undergraduate students on the basis of academic achievement and social engagement. Preference will be given to descendants of Crown and Lance Alumni. In the event that an eligible student cannot be identified, the scholarship may be awarded to a student based on academic achievement and participation as a member of a fraternity or sorority at Hofstra. Preference will also be given to a student who works in the Hofstra University Office for Development and Alumni Affairs.



Please complete and submit this application **by 4PM on Friday, June 29, 2018 to:**

Crown & Lance Alumni Association Endowed Scholarship Committee
Attn: Breanne Lisco
Libby and Joseph G. Shapiro Alumni House
150 Hofstra University
Hempstead, NY 11549-1500

All application items must be submitted together and be legible (preferably typewritten) and fully completed in order to be considered. **APPLICATIONS MUST INCLUDE A COPY OF YOUR CURRENT TRANSCRIPT OR DAR (DEGREE AUDIT REPORT).**

The attached consent form, FERPA Student Release, giving authorization to the Scholarship Committee must be submitted along with this application.

If you have any questions, please contact Breanne Lisco, Assistant Director for Alumni Affairs at (516) 463-6636.

Cordially,

The C&LAA Scholarship Committee

**Financial need is not required for this scholarship but may be considered. Financial need is calculated by filing the FAFSA (Free Application for Federal Student Aid) at www.fafsa.ed.gov. Hofstra University's school code is 002732. It will take approximately 3 weeks for Student Financial Services to receive your FAFSA from the time you file it. For more information, contact Student Financial Services at (516) 463-8000.*

**HOFSTRA UNIVERSITY
CROWN AND LANCE ALUMNI ASSOCIATION
ENDOWED SCHOLARSHIP APPLICATION
2018-2019 ACADEMIC YEAR**

Name _____ Date of Birth _____

Address _____

Telephone (____) _____ HU ID# _____

Family alumnus: ____ Father ____ Grandfather ____ Great Grandfather

Alumnus information:

Name _____ Year of graduation _____

Degree and Major _____

Address/City/State/Zip _____

Phone (____) _____ E-mail _____

Occupation _____ Employer _____

Current Hofstra Students - please complete items A through C

Transfer Students - please complete items A through E

New Students - please complete items F through I

A. Current Year in attendance (freshman, sophomore, junior, senior) _____

B. GPA _____

C. Major _____

D. Name of current College/University _____

E. Address of current College/University _____

F. Name of High School _____

G. Class Rank _____ out of _____ students.

H. Grade Point Average _____

I. SAT Scores: Verbal _____ Math _____

Please list, with dates, your extra-curricular activities and/or special honors or awards you have received during your high school/college career _____

Please list, with dates, your community service activities or activities you participated in outside of school _____

Please list, with dates, your employment experience _____

Please list any extra-curricular or athletic activities that you hope to participate in at Hofstra

Please tell us the field of study that you are interested in pursuing on the college level

If you are an entering freshman, do you intend to work during your first year of college? _____

How many brothers and sisters do you have? _____

Are you the recipient of any other Hofstra scholarships? _____

If yes, please name the scholarship(s) and the amount(s). _____

In one or two double-spaced, typewritten page(s), tell us why you feel you should be the recipient of this scholarship. Make sure your name is visible on the top of the page(s) and attach it/them to this application. **Be sure to keep a copy of all information for your records.**

Student Signature

Date

Parent Signature

Date

Office of Academic Records and Registrar

207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY
ACT STUDENT RELEASE FORM**

Student Last Name: (Please print.) _____ First Name _____

Student ID No. 70 — _____

Student Authorization for Disclosure

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. For complete information regarding FERPA, please visit <http://www.ed.gov/policy/gen/guid/fpco/index.html>.

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974, and authorize Hofstra University to discuss and/or disclose all my education records to the following individual:

Name of Authorized Person: **CROWN & LANCE ALUMNI ASSOC. ENDOWED SCHOLARSHIP**

Relationship to Student: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

The purpose of the release is for assistance and advice in all education records; if for other purpose, please state below:

Please provide a challenge question and response that will be verified each time the Authorized Person speaks with a University representative. You must inform the Authorized Person of the challenge question and response that you selected.

Sample challenge questions: Name of your first pet? Color of your first car? Your favorite subject in high school?
Father's middle name?

Challenge Question: _____
(Please limit to 90 characters, including spaces.)

Challenge Response: _____
(Please limit to 30 characters, including spaces.)

I understand that this authorization will be in effect as long as I am a student at Hofstra University, or until I revoke this authorization in writing by visiting the Office of Academic Records and Registrar, 207 Memorial Hall, or by logging in to the Hofstra portal.

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature: _____ Date: _____