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 28, 2019 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 **FERPA Student Release consent form must be submitted along with this application.** This form can be obtained from the Student Financial Services and Registrar Suite in Memorial Hall, or downloaded from: [www.hofstra.edu/pdf/acadrec_FERPA.pdf](http://www.hofstra.edu/pdf/acadrec_FERPA.pdf). On this form, fill in Name of Authorized Person: **Crown & Lance Alumni Association Endowed Scholarship.**

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](http://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
2019-2020 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 Parent Signature

______________________________ ____________________________________
Date Date