Mail: Langston University Alumni Affairs 6700 North Martin Luther King Jr Ave Oklahoma City, OK 73111



Office: 405 530-7526 Email: alumniaffairs@langston.edu

LANGSTON

UNIVERSITY

Legacy Scholarship (Undergrads ONLY)

ALL APPLICANTS

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	r N/A: 00 per academic year for students who are residents who are Residents of Oklahoma (per se	
Applicants' must submit a conspring term to be considered.	npleted application by July 31 , if attending the fal	l term or January 31, if attending the
Applicants' must file a curren the Langston University Sch	t Free Application for Federal Student Aid (FAFS ool Code: 003157	SA) through www.fafsa.ed.gov and include
Applicants' must have a mini and enroll in at least 15 credit	mum cumulative grade point average (GPA) of 2. hours each semester.	5 and plan to attend as a full-time student
Applicants' must supply a copparent/legal guardian	by of their Birth Certificate or other information to	o document their relationship to the
All Langston University sch	olarships are awarded based on applicant eligi	bility and availability of funds.
Association. Current memb	n must be an alumnus of the University, and a core YES NO Membership Number:_ s been with the University at least six (6) month	
	t submit a new application each year without t	
	Student Information	
Name	First	MCAIL Takkal
		Middle Initial
Phone ()	Mobile ()	
Email address:		
	ID # (for returning students):	
Permanent Address:		
City:	State:	Zin·

Incomplete Application will not be considered

Incomplete Application will not be considered

Resident of Oklahoma: YES N If no, in which state are you a resident? _	O If yes, since what da United Stat	ate? es Citizen:	YES	NO		
If no, I have permanent resident status?						
International Student: YES NO						
Ethnic Category: Asian/Pacific IslamWhite/Non-Hispan	nder Hispanic					
Please Mark:FreshmanSophon	nore Junior	Senior T	ransfer Stu	dent		
Free Application for Federal Student Aid	(FAFSA) is on file: _	YES]	NO			
Please indicate the campus of enrollment	: LangstonO	klahoma City	Tulsa	Ardmore		
Semester Year of entry to Langston: F	all 202 Spring	g 202				
	t/Guardian Info	rmation				
Name: Last	First		Middle	Initial		
Phone: ()	Mo	bile: ()				
Email address:						
Mailing Address:	_					
City:						
PI	ease check all that ap	ply:				
I am a graduate* of Langston University Graduation Date: Degree:						
*To be verified by the LU Alumni Affairs						
I am a current employee* of Langs	ston University Date of	f Employment:				
*To be verified by the LU Human Resour	·ces					
I certify the information provided on this apprelease of this information and/or my transcr						
Student Signature:		Date:				
*To be verified by the Alumni Association	niversity National Al	umni Associat	tion and cl	napter		
Member # Chapter o Revised March 2021	r Member@Large					