



Labouré College

Retention Scholarship Application

Date: _____

Name: _____ Student ID#: _____
 First M.I. Last

Telephone: (____) - ____ - _____ Email: _____

Statement of Need (Briefly state why you need financial assistance – attach additional pages if needed)

Statement of Understanding

In order for Labouré College to award a Retention Scholarship, certain eligibility requirements and responsibilities must be clearly understood by the student. I certify, by signing below, that I have read this form in its entirety, and I agree to the following terms:

- 1) I understand that I need to make satisfactory academic progress as defined by the College during any semester of my enrollment.
- 2) I understand that if I withdraw from any class or stop attending classes prior to the end of the semester, I may become ineligible for a portion or all of the scholarship received through the Retention Scholarship resulting in a balance owed to Labouré.
- 3) I understand that I may not be able to register for classes or receive official documents until I pay any debt created as a result of my withdrawal from school.

Student Signature: _____ Date: _____

****Please Note: The College will notify you via your student email address of the scholarship decision.**

Office Use Only	
<input type="checkbox"/> Earned Credits*: _____	*Must have completed at least 24 credits in current program
<input type="checkbox"/> Anticipated Graduation Term: _____	
<input type="checkbox"/> Meeting SAP/Good Academic Standing - criteria 2.5	
Staff Signature: _____	Date: _____ Approved: Yes No