

# ROCKEFELLER STATE WILDLIFE SCHOLARSHIP PROGRAM APPLICATION

**INSTRUCTIONS:** Complete this application if you are interested in applying for a Rockefeller State Wildlife Scholarship. To qualify, you must be enrolled at an eligible college or university as a full time student, pursuing a degree in forestry, wildlife or marine science as it pertains to wildlife. Undergraduate student applicants must have earned at least 60 hours of college credit with a cumulative GPA of at least 2.50 for all courses taken. Graduate student applicants must have earned a cumulative GPA of at least 3.00 for all graduate courses taken. All applicants must also have filed the Free Application for Federal Student Aid (FAFSA) by the July 1 prior to the academic year you wish to be considered.

Complete this Application by printing with a dark ink ballpoint pen or by typing. You must enclose with your Application an official college transcript that includes the most recent semester you attended. You must mail or e-mail your completed and signed Application so that it is **received by LOSFA no later than July 1 immediately before the academic year you wish to be considered.** If your Application is not received by the July 1 deadline, but is received by December 1, you may be eligible for the next spring semester, if funds are available. If you need assistance completing this application, call 225-219-7708. Mail your Application to: **LOSFA, Attn: Joanna Brumfield, P.O. Box 91202, Baton Rouge, LA 70821-9202** or e-mail to [Joanna.Brumfield@la.gov](mailto:Joanna.Brumfield@la.gov).

## SECTION I. APPLICANT INFORMATION *(PRINT OR TYPE all information except signatures)*

Mr./Ms./Mrs.	First Name	M.I.	Last Name	LOSFA ID Number <i>(optional)</i>
Current Mailing Address: _____				
	PO Box or Street	Apt. #	City	State
	Zip Code			
Permanent Mailing Address: _____				
<i>(Parent's Address)</i>				
	PO Box or Street	Apt. #	City	State
	Zip Code			
Home Phone # _____		Cell Phone # _____		Parent's Phone # _____
Louisiana Driver's License or ID # _____			E-Mail Address _____	
Indicate your citizenship status: _____ a U.S. citizen _____ a U.S. national _____ an eligible non-citizen _____ Other (specify)				
Are you registered with selective service, if required? Check one: ___ Yes ___ No Are you a Louisiana resident? ___ Yes ___ No				
Do you have a criminal conviction other than a misdemeanor traffic violation? _____ Yes (specify) _____ No				
I plan to use the scholarship at _____ at _____ starting _____ of _____				
	College or University	City	Semester/Quarter	Year
I plan to graduate in _____ of _____ My date of birth is _____, _____.				
	Month	Year	Month	Day
			Year	
The degree I am seeking is _____ My field of study is _____				

<b>Currently, I am (CHECK ONLY ONE)</b>	UNDERGRADUATE student with at least 60 credit hours <input type="checkbox"/>	GRADUATE student <input type="checkbox"/>
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## SECTION II. Check Only One That Applies to You (if neither applies, you do not qualify for this scholarship)

- I am pursuing an undergraduate degree in forestry, wildlife or marine science as it pertains to wildlife; and I have earned at least 60 college credit hours; and, I have a cumulative college GPA of at least 2.50 for all courses taken.
- I am pursuing a postgraduate degree in forestry, wildlife or marine science as it pertains to wildlife; and I have a cumulative GPA of at least 3.00 for all graduate courses taken.

## Section III. CERTIFICATION

If I am selected as a Rockefeller Wildlife Scholarship recipient, I understand that I am obligated to comply with all the program rules and the provisions of this Application. I understand that if I decide not to accept the award following notice of my selection, I must notify LOSFA **before beginning classes the semester for which I am eligible for the Scholarship.** I understand that if I do not give this notice and funds are disbursed to my school on my behalf, I will be obligated to return the money to LOSFA.

**BY SIGNING BELOW OR BY SUBMITTING THIS FORM TO LOSFA BY E-MAIL, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED TO LOSFA IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND I OBLIGATE MYSELF TO REPAY ALL PROGRAM FUNDS AWARDED TO ME ON THE BASIS OF ANY KNOWINGLY FALSE STATEMENT IN THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date