



Office of Enrollment Management

LEGISLATIVE ACT 353
APPLICANT INFORMATION FORM

Student Information:

Name: \_\_\_\_\_ LSU ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Proposed Enrollment Date: \_\_\_\_\_ (Month/Year)

High School Graduation Date: \_\_\_\_\_ (Month/Year)

Have you ever been enrolled in college? (Circle One) Yes No
If yes, provide the University Name. \_\_\_\_\_

Semesters Attended. \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Information:

Name of disabled or deceased parent: \_\_\_\_\_

Date of disability/death: \_\_\_\_\_

"I certify that the above applicant is my natural or adopted son/daughter."

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: Please attach a letter from the appropriate state or local pension board stating the effective date of the disability/death and return it to:

Financial Aid & Scholarships
1146 Pleasant Hall
Baton Rouge, LA 70803