



SOUTHERN UNIVERSITY AT NEW ORLEANS  
NAFEO WALMART SCHOLARSHIP APPLICATION

Student ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  Black/African-American  Hispanic/Latino  Asian

Caucasian  Native American  Other \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_

Living with you  Yes  No

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

SUNO email address \_\_\_\_\_

Alternate email address \_\_\_\_\_

Grade classification:  Freshman  Sophomore  Junior  Senior

Major \_\_\_\_\_ Minor \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Most Recent Semester GPA \_\_\_\_\_

Please list any student organizations or extracurricular activities that you participate in: \_\_\_\_\_

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**Employment Information**

Are you currently employed?  Yes  No    Employment Status:  Full-time  Part-time

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate below which scholarship opportunity that you are applying for. Your application cannot be processed without a selection. Scholarships are only available to full-time students.

**Tuition Assistance**

- Must submit a 1 page essay "What this scholarship means to my educational pursuits"

**Book Stipend**

**Day Care Support**

- Must provide proof of dependents (Birth certificates, tax records,, etc.)

**University Housing Assistance**

By signing this application, I acknowledge that I understand that this scholarship is awarded for this academic year only if I remain in compliance with the established criteria and guidelines.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of University Designee

\_\_\_\_\_  
Date

**Return your completed application to the Office of the Vice Chancellor of Administration and Finance  
Suite 301, Bashful Administration Building**