



**NYI Scholarship to Southern Nazarene University
LOUISIANA STUDENT APPLICATION**

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Will you be a full-time student in the Fall Semester? _____

Are you an active member of a Church of the Nazarene in Louisiana? _____

Name of Church: _____

Name of Pastor: _____

List your involvement in NYI and the Local Church:

Are you currently eligible for admission to SNU? _____ What is your GPA? _____

Please include recommendation from your local pastor and youth pastor or NYI President. These may be emailed with this form.

Application must be **submitted / in-hand** to the Louisiana District NYI by August 1. You may email the application to ladistrictnaz@gmail.com.

If you have questions about this application, please contact the Louisiana District NYI President. Contact information may be found on the district website: www.ladistrict.org

Please sign and date this application and make sure it is completed no later than August 1.

Signature

Date