## HOFSTRA UNIVERSITY CROWN AND LANCE ALUMNI ASSOCIATION ENDOWED SCHOLARSHIP 2025-2026

## Dear Applicant:

This scholarship will be awarded to one or more undergraduate students on the basis of academic achievement and social engagement. Preference will be given to descendants of Crown and Lance Alumni. In the event that an eligible student cannot be identified, the scholarship may be awarded to a student based on academic achievement and participation as a member of a fraternity at Hofstra. Preference will also be given to a student who works in the Hofstra University Office for Development and Alumni Affairs.



Please complete and submit this application via email by 4pm on Friday, June 6, 2025 to:

Crown & Lance Alumni Association Endowed Scholarship Committee

<u>Attn</u>: Heidi Goldenberg at
heidi.j.goldenberg@hofstra.edu

All application items must be submitted together and be legible (preferably typewritten) and fully completed in order to be considered. <u>APPLICATIONS MUST INCLUDE A COPY OF YOUR CURRENT TRANSCRIPT (THIS SHOULD BE WEB, NOT OFFICAL, TRANSCRIPTS) OR DAR (DEGREE AUDIT REPORT).</u>

The **FERPA Student Release consent form must be submitted along with this application**. This form can be downloaded from: <a href="www.hofstra.edu/pdf/acadrec\_FERPA.pdf">www.hofstra.edu/pdf/acadrec\_FERPA.pdf</a>. On this form, fill in Name of Authorized Person: <a href="mailto:Crown & Lance Alumni Association Endowed Scholarship">Crown & Lance Alumni Association Endowed Scholarship</a>.

If you have any questions, please contact Heidi Goldenberg, Director for Alumni Affairs at (516) 463-4134.

Cordially,

The C&LAA Scholarship Committee

\*Financial need is not required for this scholarship but may be considered. Financial need is calculated by filing the FAFSA (Free Application for Federal Student Aid) at www.fafsa.ed.gov. Hofstra University's school code is 002732. It will take approximately 3 weeks for Student Financial Services to receive your FAFSA from the time you file it. For more information, contact Student Financial Services at (516) 463-8000.

## HOFSTRA UNIVERSITY CROWN AND LANCE ALUMNI ASSOCIATION ENDOWED SCHOLARSHIP APPLICATION 2025-2026 ACADEMIC YEAR

Name	Date of Birth
Address/City/State/Zip	
	HU ID#
Family alumnus:Father	GrandfatherGreat Grandfather
Alumnus information:	
Name	Year of graduation
Degree and Major	
Address/City/State/Zip	
Phone ()	E-mail
Occupation	Employer
B. GPA	e items A through E ms F through I  (freshman, sophomore, junior, senior)  — niversity  University students. Math  urricular activities and/or special honors or awards you have

Please list, with dates, your community service of school	activities or activities you participated in outside
Please list, with dates, your employment experi	ence
Please list any extra-curricular or athletic activi	ities that you hope to participate in at Hofstra
Please tell us the field of study that you are into	erested in pursuing on the college level
If you are an entering freshman, do you intend	to work during your first year of college?
How many brothers and sisters do you have?	
Are you the recipient of any other Hofstra scho	larships?
If yes, please name the scholarship(s) and the a	mount(s)
——————————————————————————————————————	mount(s).
- · · · · · · · · · · · · · · · · · · ·	(s), tell us why you feel you should be the recipient sible on the top of the page(s) and attach it/them to information for your records.
Student Signature	Parent Signature
Date	Date