



**Liberty Partnerships Program Scholarship
Statement of Participation**

This scholarship is renewable for four years, provided the student maintains a 2.75 cumulative grade point average.

Deadline: February 1 prior to the term in which the student begins enrollment

To be completed by the student:

Student's Name _____

Social Security No. _____ SUID No. _____

Telephone No. _____

High School _____

Student Signature _____

To be completed by the LPP Director:

LPP Director _____

Institution _____

Office Telephone _____ Student LPP Enrollment Date _____

Describe all LPP activities or services received through LPP (in high school):

I certify that the student listed is an active student in the Liberty Partnerships Program and the information provided is accurate.

LPP Director Signature

Date

Please upload using the link on your 'to do list.'

Or mail to:
Financial Aid Processing
Syracuse University
P. O. Box 37324
Syracuse, NY 13235

**2020 Liberty
Partnerships**