



Alumni Legacy Certification Form

This form must be completed by the LSSU alumni parent/step-parent residing in the State of Michigan whose children/step-children are applying for the LSSU Alumni Legacy Scholarship.

I _____ certify that _____,
(Alumnus/Alumna's full legal name) (Student's name)

_____ is my child / step-child (circle one).
(Student's LSSU ID number)

I graduated from Lake Superior State University in _____ with a
(YEAR)

_____ degree.
(Type of degree)

Signed _____

Date _____

Last four digits of Social Security Number (for ID verification): _____

Name used when enrolled at LSSU, if different from
signature: _____

Address _____

Telephone _____

Email _____

**Students: Submit this form to the LSSU Financial Aid Office, via e-mail at
finaid@lssu.ed, fax to 906-635-6669 or mail or hand deliver to Fletcher Center,
650 W Easterday Ave, Sault Ste Marie, MI 49783.**