

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: March 10, 2025 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: 2026 Financial Aid Processing **Liberty Partnerships** Syracuse University 804 University Ave,

Syracuse University

Syracuse, NY 13244

Suite 201