

**UNIVERSITY OF LOUISIANA
AT LAFAYETTE
SCHOLARSHIP APPLICATION FORM**

Name of Scholarship

Date Due

ACT SCORE _____

Name _____ Major _____

SS# _____ # Hrs. Completed _____ Current Cum. GPA _____

Home Mailing Address _____ Phone () _____

Street

City

State

Zip

Parish

Anticipated Date of Graduation: Semester _____ Year _____

High School Attended _____

High School Address _____

Street

City

State

Zip

Parish

List all UL Lafayette Scholarships, pell grants, etc. you have received, are currently receiving, or expect to receive.

<u>Name of Scholarship</u>	<u>Amount</u>	<u>Length</u>	<u>School Year Received</u>
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List any honors or awards received at UL Lafayette including honorary societies, offices held, committees, etc:

List all extracurricular activities including professional societies, organizations, etc:

State any involvement in community activities such as church, recreational, etc:

What are your plans and goals for the future? Please elaborate:

Explain why a scholarship would be meaningful on a financial need basis:

(If additional space is needed, please attach supplemental sheets)

NOTE: Your signature indicates that you agree to allow the Scholarship Committee to review your records and application.

Student's Signature

Date

RETURN TO:

University of Louisiana at Lafayette
Scholarship Office
P.O. Box 44050
Lafayette, LA 70504-4050