

**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>

List any honors or awards received at UL Lafayette including honorary societies, offices held, committees, etc.:

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

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

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

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

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**(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.**

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**Student's Signature**

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**Date**

**RETURN TO:**

**University of Louisiana at Lafayette  
Dean of Sciences  
P.O. Box 43290  
Lafayette, LA 70504-3290**