XXUL LAFAYETTE ACADEMIC SCHOLARSHIP APPLICATION
Incoming Freshmen 2014
DEADLINE FOR APPLYING: January 31, 2014

NOTE: ACT or SAT Test Scores taken after January 31, 2014 will not be used in the evaluation process.

ELIGIBILITY REQUIREMENTS:
1. Must have an ACT composite of 23 or greater or SAT composite of 1050 or greater
2. Must have a 3.0 minimum high school cumulative GPA on a non-weighted 4.0 scale
3. Must have an English ACT of at least 18 OR Verbal SAT of at least 450
4. Must have a Math ACT of at least 19 OR Math SAT of at least 460
5. Must have applied for admission to the University

I. Personal Background
Name ____________________________
Address ____________________________
CITY ____________________________ STATE ______ ZIP __________
Parish/County: ____________________________
College Major: ____________________________
Major Code: (office use)

Please check one for each of the following:

- Are you considered an Out-of-State Student?
- Did either of your parents graduate from UL Lafayette?
- Did either of your parents graduate from a four year college?

SS# ____________________________
Home Phone: (______) _______ Cell ________
Email: ____________________________
Gender: ☐ Male ☐ Female (check one)
(optional) Ethnicity: ____________________________
Date of Birth: ____________________________
High School Graduation Date: ____________________________

Are you a U.S. Citizen?
Are you a permanent U.S. resident?

II. High School Information
School Name ____________________________
School Address ____________________________
City ____________________________ State __________
Counselor ____________________________

Phone # (______) _______ High School Code (office use) _______
Zip ____________________________ Parish __________
Phone # (______) _______ Email ____________________________

III. Academic Background (TO BE COMPLETED BY HIGH SCHOOL COUNSELOR)

ACT Scores: English ______ Math ______ Read ______ Sci. Resn. ______ COMP ______ Test Date ______
ACT Scores: English ______ Math ______ Read ______ Sci. Resn. ______ COMP ______ Test Date ______
SAT Scores: Verbal ______ Math ______

Are you a National Merit Semi-Finalist? ______ yes ______ no
Are you a National Merit Finalist? ______ yes ______ no
High School GPA on 4.0 Unweighted Scale

Comments:

Signature of Principal or Counselor ____________________________
Date ____________________________

Student Signature ____________________________
Date ____________________________

I understand my records will be available to donors and Scholarship Committees. I give my permission for my records to be transmitted electronically.

SCHOLARSHIP OFFICE USE ONLY: (DO NOT WRITE IN THIS BOX)

Transcript is attached ______ Yes ______ No
Request STS ______ Yes ______ No
Request Transcript from Student ______ Yes ______ No
Send Transcript to Admissions ______ Yes ______ No

APPLIED FOR ADMISSIONS: ______ Yes ______ No
Provisionally admitted ______ Yes ______ No
ACT is attached ______ Yes ______ No
Request ACT from student ______ Yes ______ No
Send ACT to Admissions ______ Yes ______ No

INELIGIBLE: English ______ Math ______ Composite ______ GPA ______
IV. Extra Curricular Activities

IMPORTANT NOTE: ADDITIONAL PAGES OF ACTIVITIES WILL NOT BE CONSIDERED.

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<tr>
<th>High School Clubs/Organizations/Community Service (List up to 4)</th>
<th>Year(s) Participated</th>
<th>Leadership positions held, appointed and/or elected offices, team captains, etc. (List up to 4)</th>
<th>Year(s) Participated</th>
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<td>High School Band/Chorus/Orchestra/Debate/Quiz Bowl/Sports (List up to 4)</td>
<td>FR SO JR SR</td>
<td>Have you ever participated in: Ctrl Yes No</td>
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<td>1.</td>
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<td>All-State Band/Chorus/Orchestra</td>
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<td>Boys/Girls State</td>
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<td>3.</td>
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<td>Hugh O’Brien Youth Foundation</td>
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<td>4.</td>
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<td>Louisiana Youth Seminar (LYS)</td>
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V. Financial Information

A. Note: Several of the scholarships awarded consider a financial need factor in the selection process. To be considered for these scholarships, this section must be completed.

Father’s Name: ___________________________ Occupation _______________ Work Phone # __________

LAST       FIRST

Mother’s Name: ___________________________ Occupation _______________ Work Phone # __________

LAST       FIRST

Family Yearly Income _______________ Father’s Income _______________ Mother’s Income _______________

Number of Brothers/Sisters (excluding yourself) residing at home _____ Number of Brothers/Sisters in college _____

FOR YOUR APPLICATION TO BE PROCESSED YOU MUST:
- Have applied for admission to the University
- Meet ACT/SAT requirements
- Have all required signatures
- Include a copy of your 6 or 7 semester high school transcript
- Include a copy of your ACT or SAT scores

MAIL YOUR COMPLETED APPLICATION TO:
UL Lafayette Scholarship Office
P.O. Box 44050
Lafayette, LA 70504-4050
Phone: (337) 482-6515

*Admission to the University is not necessary to send in your application although offers will not be made until provisionally admitted.