UL, LAFAYETTE DEPARTMENT OF COMMUNICATIVE DISORDERS

Application for Departmental Scholarships

**Check your eligibility! Mark ONLY the appropriate box(es) for the scholarship(s) for which you are eligible.** Complete the attached application and return it with this cover sheet and a transcript (*unofficial transcripts* ***are*** *acceptable*) to the departmental office or e-mail it to codi@louisiana.edu. Award values are approximate and might be subject to change.

**DEADLINE: Friday, April 12, 2024 by 12:00 NOON**.

**Applications without a transcript will not be considered**.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ULID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HULA & TONY DAMICO ENDOWED SCHOLARSHIP**  **Two Awards of:**  Amount: $700 annually  **Qualifications:**  3.3 GPA or better (min 6 hrs cr)  Full-time graduate student admitted to the ALSS doctoral program  Evidence of research productivity/potential & financial need | **JOHN W. OLLER, SR. MEMORIAL SCHOLARSHIP**  Amount: $800 annually  **Qualifications:**  3.3 GPA or better (min 6 hrs cr)  Full-time graduate student  Preference to ALSS doctoral student; students in Master’s program also eligible  Evidence of research productivity/potential & financial need |
| **SERTOMA-ALLEN COMEAUX MEMORIAL SCHOLARSHIP**  Amount: $700 annually  **Qualifications:**  3.3 GPA or better (min 6 hrs cr)  Full-time graduate student admitted to the ALSS doctoral program  Must not have held this scholarship for the 2 previous years | **FRANCIS P. BILLEAUD ENDOWED SCHOLARSHIP**  Amount: $600 annually  **Qualifications:**  3.3 GRAD GPA or  3.2 UG GPA (for recently admitted students)  Full-time graduate student admitted to the Master’s program  Must be both a US and Louisiana resident |

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| **THE SERTOMA CLUB OF LAFAYETTE ENDOWED GRADUATE STUDENT SCHOLARSHIP**  Amount: $600  **Qualifications:**  3.3 GPA  Full-time graduate student enrolled in master’s program  U.S. Citizen  Preference given to Lafayette Parish resident and Graduate of Lafayette Parish high school | **THE DR. SAMMIE COSPER MEMORIAL ENDOWED GRADUATE STUDENT SCHOLARSHIP**  Amount: $900  **Qualifications:**  3.0 GPA (with no more than 2 grades of C and no grades lower than C)  Full-time graduate student enrolled in the master’s degree program in Speech Pathology & Audiology (Communicative Disorders Dept, COLA) with an emphasis on clinical speech and language disorders associated with aphasia in adults. |
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**University of Louisiana at Lafayette**

**Department of Communicative Disorders**

**Graduate Student Scholarship Application**

(Type or write in black ink)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ULID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street or P.O. Box City State Zip**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone email**

**Classification (Please circle): Master’s, PhD**

**Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anticipated date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all scholarships, fellowships, assistantships etc. you have received, are currently receiving, or expect to receive:

Name of scholarship Amount Length School year

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List any honors or awards received including honorary societies, office held, committees, etc:

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Describe any relevant work experience and/or involvement in extra-curricular and community activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe completed research projects or ongoing research you have been involved in, any presentations or publications, research ideas or investigations you plan for the future:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Your signature indicates that you agree to allow the Scholarship Committee to review your record and application. Reminder: Applications without transcripts (*unofficial transcripts ARE acceptable*) will not be considered.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Attach a transcript and submit your application via**

* **E-mailing** itto codi@louisiana.edu
* **Dropping it off** at the CODI Departmental Office (Burke-Hawthorne Hall Room 236)

**DEADLINE: Friday, April 12, 2024 by 12:00 NOON**.