

UL, LAFAYETTE DEPARTMENT OF COMMUNICATIVE DISORDERS

Application for Departmental Scholarships

Mark the appropriate box(es) for the scholarship(s) you are eligible for only. Complete the attached application and return it with this cover sheet and a transcript (*unofficial transcripts are acceptable*) to the departmental office or mail to P.O. Box 43170, Lafayette, LA 70504.

**DEADLINE: Wednesday, May 31, 2017 by 1200 NOON.**

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

NAME: \_\_\_\_\_ ULID: \_\_\_\_\_

<p><b>C. RICHARD COCHRAN MEMORIAL SCHOLARSHIP</b> Amount: \$1,300 Annually</p> <p><b>Qualifications:</b> 3.0 GPA or better full-time junior or senior US Citizen</p> <p><input type="checkbox"/></p>	<p><b>JUNIOR LEAGUE OF LAFAYETTE ENDOWED SCHOLARSHIP</b> Amount: \$1,300 Annually</p> <p><b>Qualifications:</b> 3.0 GPA or better full-time junior or senior US Citizen, resident of Acadiana with preference given to female residents of Lafayette Parish</p> <p><input type="checkbox"/></p>
<p><input type="checkbox"/></p>	

**University of Louisiana at Lafayette**  
**Department of Communicative Disorders**  
**Undergraduate Scholarship Application**

(Type or write in black ink)

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

**Address:** \_\_\_\_\_  
Last First  
 \_\_\_\_\_  
Street or P.O. Box City State Zip

**Contact:** \_\_\_\_\_  
Telephone email

**High School:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **College:** \_\_\_\_\_

**Classification (Please circle):** Freshman, Sophomore, Junior, Senior

**Hours Completed:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **Honors Credits:** \_\_\_\_\_

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

List all UL scholarships, Pell Grants, etc. you have received, are currently receiving, or expect to receive:

Name of scholarship	Amount	Length	School year

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

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

Describe your involvement in the CODI Department:

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

Involvement in extra-curricular and community activities.

\_\_\_\_\_  
 \_\_\_\_\_  
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Work experience:

\_\_\_\_\_  
 \_\_\_\_\_  
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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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Write a short essay explaining why you feel you should receive an award:

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

**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 return to the CODI Departmental Office (Burke-Hawthorne Hall Room 236) or  
mail to  
P. O. Box 43170 Lafayette, LA 70504**

**DEADLINE: Wednesday, May 31, 2017 by 12:00 NOON**