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: April 12 by 12:00 NOON** (if that date falls on a weekend, the due date rolls to the next Monday).

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

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

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| **C. RICHARD COCHRAN MEMORIAL SCHOLARSHIP**  Amount: $1,800 Annually  **Qualifications:**  3.0 GPA or better  full-time junior or senior  US Citizen | **JUNIOR LEAGUE OF LAFAYETTE ENDOWED SCHOLARSHIP**  Amount: $1,800 Annually  **Qualifications:**  3.0 GPA or better  full-time junior or senior  US Citizen, resident of Acadiana with preference given to female residents of Lafayette Parish |
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**University of Louisiana at Lafayette**

**Department of Communicative Disorders**

**Undergraduate Scholarship Application**

(Type or write in black ink)

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

**Last First**

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

**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:

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Describe your involvement in the CODI Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 submit your application via**

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

**DEADLINE: April 12, by 12:00 NOON (or the subsequent Monday is that date falls on a weekend).**