UNIVERSITY OF LOUISIANA AT LAFAYETTE
Out of State Scholarship Application

Applicant Information:

Name: _____________________________________________  SS# ___________________________
Mailing Address:___________________________________ Phone (home): (_____) ____________
City: ____________________ State: _______ Zip: _______ Phone (cell): (______)_____________

Intended date of attendance at UL Lafayette________ ________    Email: _______________________________
Did either of your parents graduate from UL Lafayette? ____yes ____no    Are you a US Citizen? ___yes ___no
Are you planning to be a member of a UL Lafayette organization: Band _____ Sports _____ Etc. _________

Academic Background:

ACT Scores:  English_____ Math_____ Reading_____ Science Resn._____ Comp_______ Test Date________
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SAT Scores: Verbal/Critical Reading _________ Math________ Comp________ Test Date____________
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High School Information:

High School Attended: _____________________________ Date of Graduation: _______________
School Address:__________________________________________________________
School Phone #: (_____)_____________     Counselor: __________________________________

High School GPA on a non-weighted 4.0 scale: __________

College Information:

Universities/Colleges Attended (List all including the state and date of attendance)

Semesters Attended: State:            School:
________________ _______         __________________ ___________________________________
________________ _______         __________________ ___________________________________
________________ _______         __________________ ___________________________________
________________ _______         __________________ ___________________________________

If you are a transfer student what is your current:
Semester GPA: ___________  Cumulative GPA:_________ _            Hours Earned:__________

Please send completed application to: Scholarship Office
P. O. Box 44050
Lafayette, LA 70504-4050
(337) 482-6515

Email: scholar@louisiana.edu

07/11