College of Education 2018-19 Scholarship Application Please read all of the information below before applying.

*Please type or neatly print your responses on the application. Use only the space allowed for your responses. *No applications will be accepted after the deadline. (Hand delivered by 5:00 PM or postmarked no later than Feb. 28, 2018)

*No application will be considered without a transcript attached. Either an official or unofficial (printed from Banner) will be acceptable.

*No application will be considered if any information is missing or incomplete.

*You must be currently be enrolled as a full-time undergraduate or graduate student to apply, and you must maintain full-time status in order to be eligible to receive a College of Education scholarship. For undergraduates, full-time status is a minimum of 12 hours per semester. For graduate students, full-time status is a minimum of 9 hours per semester. The only exception to this policy would be if you are in your final semester (i.e. student teaching).

*You will be notified by email in early June 2018 if you have been selected to receive a scholarship. *You are encouraged to attend the College of Education scholarship banquet, which will be held in the fall. * Questions? Please contact Dawn Williams, Scholarship Committee Chairperson, at (337)482-6355 or <u>dawnwilliams@louisiana.edu</u>

> Return Scholarship Application and a copy of your CURRENT TRANSCRIPT by 5:00 PM on February 28, 2018 to Maxim Doucet Room 101

or

mail to: University of Louisiana at Lafayette College of Education Attn: Dawn Williams, Scholarship Committee Chair P.O. Drawer 43722 Lafayette, Louisiana 70504-4372

Name		ULID						
Major:	Concentration:							
*Not *To	te your classification is deterr	mined by the number of con holarship, should you be set	r. Graduate (Master's Doctoral) npleted hours as noted on your transcript. lected, you must have completed at least 60 hour Fall 2018 semester).					
# of Credit Hours Completed # of hours currently enrolled Current Cumulative *Hours completed as of the date of the application # of hours currently enrolled You must have a minimum								
Are you an LSUE student in	our 2 + 2 program? Y	/es No_						
Are you a first generation stu	udent? (The first perso	on in your family to a	attend college) Yes No					
Current Mailing Address:								
		Street,						
	City	State	Zip					
Felephone #		-						
Anticipated Date of Graduat	tion: Semester	Year						
High School Attended								
0								
	City	State	Zip					
Are you a legal resident of L	ouisiana? YesNo	If yes, how long	5					
List ALL scholarships, grant expect to receive:	ts, including TOPS, P	ell, Go, etc. you have	e received, are currently receiving, or					
Name	L	Amount	Semester/Academic year received					

List all extracurricular activities including professional societies, organizations, athletics, etc:

State	0.000	invol	vomont i	n comm	mitr	activities	euch as	church	recreational,	ote
State	any	mvoi	vement i	n comm	unity	activities	such as	chuich,	recreational,	, eic.

What are your plans and goals for the future? Please elaborate.

Explain why a scholarship would be meaningful to you.

NOTE: Your signature indicates that you agree to allow the Scholarship Committee or outside reviewers to review your records and application.

Student's Signature

Date