



# UL LAFAYETTE ACADEMIC SCHOLARSHIP APPLICATION



Incoming Freshmen 2012  
**DEADLINE FOR APPLYING: January 31, 2012**

**NOTE: ACT or SAT Test Scores taken after January 31, 2012 will not be used in the evaluation process.**

**ELIGIBILITY REQUIREMENTS:**

1. Must have an ACT composite of 23 or greater or SAT composite of 1050 or greater
2. Must have a 3.0 minimum high school cumulative GPA on a non-weighted 4.0 scale
3. Must have an English ACT of at least 18 OR Verbal SAT of at least 450
4. Must have a Math ACT of at least 19 OR Math SAT of at least 460
5. Must have applied for admission to the University

**NOTE: Alternate Eligibility Requirements for graduates of non-approved, non-accredited high schools or applicants with a GED — please refer to section VI**

## I. Personal Background

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
CITY STATE ZIP

Parish/County: \_\_\_\_\_  
 College Major: \_\_\_\_\_  
 Major Code: (office use) \_\_\_\_\_

SS# \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female (check one)

(optional) Ethnicity : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Please check one for each of the following:

Are you considered an Out-of-State Student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did either of your parents graduate from UL Lafayette?	<input type="checkbox"/>	<input type="checkbox"/>
Did either of your parents graduate from a four year college?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a permanent U.S. resident?	<input type="checkbox"/>	<input type="checkbox"/>

## II. High School Information

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Counselor \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

High School Code (office use) \_\_\_\_\_

Zip \_\_\_\_\_ Parish \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## III. Academic Background (TO BE COMPLETED BY HIGH SCHOOL COUNSELOR)

ACT Scores: English _____	Math _____	Read _____	Sci. Resn. _____	<b>COMP</b> _____	<b>Test Date</b> _____
ACT Scores: English _____	Math _____	Read _____	Sci. Resn. _____	<b>COMP</b> _____	<b>Test Date</b> _____
SAT Scores: Verbal _____	Math _____			<b>COMP</b> _____	<b>Test Date</b> _____

Are you a National Merit Semi-Finalist? \_\_\_ yes \_\_\_ no

Are you a National Merit Finalist? \_\_\_ yes \_\_\_ no

**High School GPA on 4.0 Unweighted Scale** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Principal or Counselor

\_\_\_\_\_  
 Date

Comments:

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

I understand my records will be available to donors and Scholarship Committees. I give my permission for my records to be transmitted electronically.

### SCHOLARSHIP OFFICE USE ONLY: (DO NOT WRITE IN THIS BOX)

Transcript is attached	___ Yes ___ No	Applied for Admissions	___ Yes ___ No
Request STS	___ Yes ___ No	Provisionally admitted	___ Yes ___ No
Request Transcript from Student	___ Yes ___ No	ACT is attached	___ Yes ___ No
Send Transcript to Admissions	___ Yes ___ No	Request ACT from student	___ Yes ___ No
<b>INELIGIBLE:</b> English _____	Math _____	Send ACT to Admissions	___ Yes ___ No
	Composite _____	GPA _____	

