

UNIVERSITY OF LOUISIANA AT LAFAYETTE

Out of State Fee 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 (Ex: 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)

Date 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

10/09