

**UL Lafayette College of Nursing and Allied Health Professions
Dietetic Scholarship Application**

DEADLINE: APRIL 1

**Mail application to:
Scholarship Coordinator, Dietetics
PO Drawer 42931, Lafayette, LA 70504**

A current transcript must accompany this application.

Please print neatly in black ink or type. This application will be reviewed by scholarship committees.

FULL TIME ENROLLMENT IS MANDATORY. Minimum 2.5 cumulative GPA required.

1. NAME _____ SS# _____

Date of Birth: _____

Race: White: _____ Black _____ Latin _____ American Indian _____
Asian _____ Other (specify) _____

2. Permanent Address _____

City, State, Zip _____

3. Home Phone # _____ Work # _____ Cell # _____

Email Address _____

4. Current Employer _____

Hours worked per week _____

Income per semester _____

5. Are you a member of the Student Dietetic Association? Yes _____ No _____

6. Are you an international student? Yes _____ No _____

7. Current Year: _____ Sophomore _____ Junior _____ Senior _____ Expected Date of Graduation: _____

PLEASE COMPLETE THE FOLLOWING ESSAYS ON (A) SEPARATE SHEET(S) OF PAPER. PLEASE BE THOROUGH. THESE ESSAYS ARE REVIEWED BY SCHOLARSHIP COMMITTEES THROUGHOUT ACADIANA.

7. Describe your financial need.

8. Why have you chosen Dietetics as a major?

9. Describe all university, community, and professional activities in which you are actively involved. Include any honors or awards that you have received.

DATE _____ SIGNATURE _____

My signature authorized the College of Nursing and allied Health Professions to release the above information, including transcript, to scholarship committees. In addition, I authorized the College of Nursing and allied Health Professions to release my subsequent grade reports to those selection committees requiring it for continued assistance.