

UL Lafayette College of Nursing & Allied Health Professions  
 Scholarship Application  
 2017-2018 Academic Year  
 P.O. Box 43810  
 Lafayette, LA 70504

Please **PRINT** neatly in **BLACK INK** or type. This application will be reviewed by Scholarship Committee.  
**FULL TIME** Enrollment is Mandatory. Minimum **2.8** cumulative GPA is required.  
**DEADLINE:** March 31st. A **CURRENT TRANSCRIPT** must accompany this application.

Which Nursing class are you currently in (SPRING 2017)? \_\_\_\_\_ NURS 308 Grade (If applicable) \_\_\_\_\_

Name: \_\_\_\_\_ ULID # \_\_\_\_\_

Age: \_\_\_\_\_ M/F \_\_\_\_\_ Race: (Circle One) Black White Asian Latin American Indian Other (Specify) \_\_\_\_\_

Are you a single parent? Yes or No

Are you a current ULSNA member? Yes or No

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_

High School Attended: \_\_\_\_\_ Parish: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

**\*Complete ONLY if you are claimed by your Parent(s) as a Dependent for Income Tax Purposes\***

Parent(s): Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Family Income: \$ \_\_\_\_\_

Total Number of Family Members Residing in House (Including yourself): \_\_\_\_\_

List the Names and Amounts of ALL Scholarships, Grants, Loans, Child Support, Alimony, And  
 Other Income (Not including your Employment) Received this semester.

Name of Scholarship	Amount Received this Semester

Employer: \_\_\_\_\_ Income Per Semester: \_\_\_\_\_ Hours Worked Per Semester: \_\_\_\_\_

Please Complete the following essays on (a) separate sheet(s) of paper. Please be thorough.  
These essays are reviewed by Scholarship Committees throughout Acadiana.

1. Describe your financial need.
2. Why have you chosen Nursing as a major?
3. Describe all university and community activities in which you are actively involved.
4. Several Scholarships are available to veterans and children of veterans. List the names, ranks, branch of armed forces and relation to you of all veterans in your family. If you or a family member belong to the American Legion, please indicate the post number.  
Example: Paul Boudreaux, UL Army Staff Sergeant WWII, Grandfather, Post40

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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