

UL Lafayette College of Nursing & Allied Health Professions
Scholarship Application
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.

Academic Year _____ NURS 309 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 UL Lafayette Scholarship Committees.

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.