UL, LAFAYETTE DEPARTMENT OF COMMUNICATIVE DISORDERS

Application for Departmental Scholarships

Mark the appropriate box(es) for the scholarship(s) you are eligible for only. Complete the attached application and return it with this cover sheet and a transcript to the departmental office or mail to P.O. Box 43170, Lafayette, LA 70504.

DEADLINE: Monday, May 2, 2016 by 1200 NOON.

Applications without a transcript will not be considered.

NAME:	CLID:
C. RICHARD COCHRAN MEMORIAL	JUNIOR LEAGUE OF LAFAYETTE ENDOWED
SCHOLARSHIP	SCHOLARSHIP
Amount: \$1,300 Annually	Amount: \$1,300 Annually
Qualifications:	Qualifications:
3.0 GPA or better	3.0 GPA or better
full-time junior or senior	full-time junior or senior
US Citizen	US Citizen, resident of Acadiana with preference given
	to female residents of Lafayette Parish

University of Louisiana at Lafayette **Department of Communicative Disorders**

Undergraduate Scholarship Application (Type or write in black ink)

Name: _			CLID: _		
Address: _	Last	First			
	Street or P.O. Box	City	State	Zip	
Contact:					
	Telephone		email		
High School	l:	Major:		_ Colleg	ge:
Classification	on (Please circle): Fresl	hman, Sophomore, J	unior, Senio	r	
Hours Com	pleted:	GPA:	Hon	ors Credi	ts:
Anticipated	date of graduation:			-	
List all UL s	cholarships, Pell Grants,	etc. you have receive	d, are curren	tly receivin	ng, or expect to receive:
	Name of scholarship	Amount	Leng	gth	School year
	ors or awards received at				
Describe you	ar involvement in the CC	DDI Department:			
Involvement	in extra-curricular and c	community activities.			
Work experi	ence:				

What are your plans and goals for the future? Please elab	porate.
Explain why a scholarship would be meaningful on a fina	ancial need basis:
Write a short essay explaining why you feel you should r	eceive an award:
(If additional space is needed,	attach supplemental sheets.)
Your signature indicates that you agree to allow the S application. Reminder: Applications without transcri	
Signature	Date

Attach a transcript and return to the CODI Departmental Office (Burke-Hawthorne Hall Room 236) or mail to P. O. Box 43170 Lafayette, LA 70504

DEADLINE: Monday, May 2, 2016 by 12:00 NOON