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 (*unofficial transcripts* ***are*** *acceptable*) to the departmental office or mail to P.O. Box 43170, Lafayette, LA 70504.

**DEADLINE: Monday, April 15, 2019 by 12:00 NOON**.

**Applications without a transcript will not be considered**.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ULID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HULA & TONY DAMICO ENDOWED SCHOLARSHIP****Two Awards of:**Amount: $650 annually**Qualifications:**3.3 GPA or better (min 6 hrs cr)Full-time graduate student admitted to the ALSS doctoral programEvidence of research productivity/potential & financial need | **JOHN W. OLLER, SR. MEMORIAL SCHOLARSHIP**Amount: $700 annually**Qualifications:**3.3 GPA or better (min 6 hrs cr)Full-time graduate student Preference to ALSS doctoral student; students in Master’s program also eligibleEvidence of research productivity/potential & financial need |
| **SERTOMA-ALLEN COMEAUX MEMORIAL SCHOLARSHIP**Amount: $600 annually**Qualifications:**3.3 GPA or better (min 6 hrs cr)Full-time graduate student admitted to the ALSS doctoral programMust not have held this scholarship for the 2 previous years | **FRANCIS P. BILLEAUD ENDOWED SCHOLARSHIP**Amount: $600 annually**Qualifications:**3.3 GRAD GPA or 3.2 UG GPA (for recently admitted students)Full-time graduate student admitted to the Master’s programMust be both a US and Louisiana resident |

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| **THE SERTOMA CLUB OF LAFAYETTE ENDOWED GRADUATE STUDENT SCHOLARSHIP**Amount: $500**Qualifications:**3.3 GPA Full-time graduate student enrolled in master’s programU.S. CitizenPreference given to Lafayette Parish resident and Graduate of Lafayette Parish high school |  |
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**University of Louisiana at Lafayette**

**Department of Communicative Disorders**

**Graduate Student Scholarship Application**

(Type or write in black ink)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ULID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street or P.O. Box City State Zip**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone email**

 **Classification (Please circle): Master’s, PhD**

**Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anticipated date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all scholarships, fellowships, assistantships etc. you have received, are currently receiving, or expect to receive:

Name of scholarship Amount Length School year

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List any honors or awards received including honorary societies, office held, committees, etc:

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Describe any relevant work experience and/or involvement in extra-curricular and community activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe completed research projects or ongoing research you have been involved in, any presentations or publications, research ideas or investigations you plan for the future:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain why a scholarship would be meaningful on a financial need basis:

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**Your signature indicates that you agree to allow the Scholarship Committee to review your record and application. Reminder: Applications without transcripts (*unofficial transcripts ARE acceptable*) will not be considered.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, April 15, 2019 by 12:00 NOON**.