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 43645, Lafayette, LA 70504.

**DEADLINE: April 3, 2020 by 12:00 NOON**.

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

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HULA & TONY DAMICO ENDOWED SCHOLARSHIP**  **Two Awards of:**  Amount: $1,400 annually  **Qualifications:**  3.3 GPA or better (min 6 hrs cr)  Full-time graduate student admitted to the ALSS doctoral program  Evidence of research productivity/potential & financial need | **JOHN W. OLLER, SR. MEMORIAL SCHOLARSHIP**  Amount: $800 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 eligible  Evidence of research productivity/potential & financial need |
| **SERTOMA-ALLEN COMEAUX MEMORIAL SCHOLARSHIP**  Amount: $700 annually  **Qualifications:**  3.3 GPA or better (min 6 hrs cr)  Full-time graduate student admitted to the ALSS doctoral program  Must 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  Masters program  Must be both a US and Louisiana resident |

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| **THE SERTOMA CLUB OF LAFAYETTE ENDOWED GRADUATE STUDENT SCHOLARSHIP**  Amount: $700  **Qualifications:**  3.3 GPA  Full-time graduate student enrolled in  Masters program  U.S. Citizen  Preference 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 43645 Lafayette, LA 70504**