



# SERTOMA

## University of Louisiana at Lafayette Office of Disability Services Scholarship Application Form

### Lafayette Breakfast Sertoma Excellence Award

\_\_\_\_\_ Date

Name \_\_\_\_\_ City \_\_\_\_\_ Parish \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated date of Graduation: Semester: \_\_\_\_\_ Year \_\_\_\_\_

High School attended \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Parish \_\_\_\_\_

Hours Completed \_\_\_\_\_ Current Comp. GPA \_\_\_\_\_

List all ULL Lafayette Scholarships, Pell grants, etc. you have received, are currently receiving or expect to receive:

Name of Scholarship	Amount	Length	School Year Received
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List any honors or awards received at UL Lafayette including honorary societies, office held, committees, etc.

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List all extracurricular activities including professional societies, organizations, employment etc.

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State any involvement in community activities such as church, recreational, etc.

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What are your plans and goals for the future? Please elaborate.

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

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(If additional space is needed, please attach supplemental sheets)

Note: Your signature indicates that you agree to allow the Scholarship Committee to review your records and application and allow Sertoma to use your name in publications.

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