The Connections Scholarship

For Mature and Returning Students
Scholarship Application

Connections is an organization in Lafayette, Louisiana providing a professional, educational and personal support network for career-oriented women of the surrounding areas. Connections supports education by offering a $1,000 scholarship to a mature woman returning to college.

To be considered for this scholarship, an applicant must satisfy the following minimum requirements:

1. Be a U.S. Citizen

2. Be a resident of Acadiana

3. Be a mature woman student between the ages of 24 and 55 (Returning to college to finish an abandoned curriculum, or beginning a career change, or enrolling as a first-time university student.)

4. Be seeking an undergraduate degree

5. Have a cumulative grade point average of 3.0 (or at the discretion of the Scholarship Committee)

6. Be registered as a full-time student (12 Credit Hours or more)

7. Show evidence of financial need

Selection is based on academic merit and professional promise. Applications need to be received by **June 30, 2025.**

Send applications to: **Connections Scholarship Committee**
                                          P.O. Box 51463
                                          Lafayette, LA 70505

Scholarship Application

Page 1 _____

Instructions for completing the Connections Scholarship Application:

1. Application is to be fully completed.
2. Please type or print clearly.
3. Attach the following to the completed application:
   a. Three(3) letters of recommendation
   b. Copy of unofficial transcript.
   c. A biographical statement, including educational background, financial need, and other pertinent information about yourself.

Please be assured that all information will be kept confidential.

APPLICANT INFORMATION

Name: _____
     Last   *First*   *Middle Initial*

Address: _____
     Street

     _____
     City   *State*   *Zip Code*

Telephone: (_____)_____(Cell Y/N)   U.S. Citizen: Y / N

Employer: _____ Position: _____

Marital Status: _____ Date of Birth: _____

Number of Dependents: _____ Ages of Dependents: _____

Parent/Spouse Information:

Name: _____
     Last   *First*   *Middle Initial*

Address: _____
     Street

     _____
     City   *State*   *Zip Code*

Telephone: (_____)_____(Cell Y/N)   Relationship:_____

FINANCIAL AID INFORMATION

Do you presently have any outstanding educational loans? Y / N
If yes, amount(s): _____

Have you previously received any grants or scholarship assistance? Y / N
If yes, amount(s): _____

Have you, or do you plan to make an application for additional financial assistance? Y / N

INCOME

Individual: _____/year   Spouse (if applicable): _____/year

EDUCATIONAL INFORMATION

Total Hours Completed: _____   Hours needed to complete degree: _____

Full-time/Part-time? _____   Expected Graduation Date: _____

Overall GPA: _____   Major: _____

Career Goal/Objective:
_____
_____
_____
_____
_____

I attest that all applicant information is complete and accurate

_____   _____
        Applicant's Signature   *Date*