



# 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 consider 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 \_\_\_\_\_.

**Send applications to:      UL Lafayette Scholarship Office  
   P.O. Box 44050  
   Lafayette, LA 70504-4050**



# Scholarship Application

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*Name and Date*

## **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) letter of character reference
  - 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: \_\_\_\_\_



# Scholarship Application

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*Name and Date*

## **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*