



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

List any honors or awards received at UL Lafayette including honorary societies, office held, committees, etc.

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

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

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

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

(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 _____