



THE
GLENN ARMENTOR
LAW CORPORATION

**The Glenn Armentor \$10,000
“Pay It Forward”
Scholarship of Excellence**

Requirements to Apply:

1. Must be an incoming freshman to UL Lafayette
2. Must have an ACT composite of 19; and English ACT 18 and Math ACT 19
3. Must have a 2.5 cumulative high school GPA on a 4.0 scale
4. Must be admitted to UL Lafayette
5. NOTE: Consideration will be given to a student who has contributed through community services who is "at risk" by virtue of family or economic situation.
6. Must be a U.S. Citizen or a permanent resident.

Where do you get a Scholarship Application?

- Write a Letter of Interest and send it to:
The Glenn Armentor Law Corporation
Attn: “PAY IT FORWARD” Scholarship of Excellence
300 Stewart St.
Lafayette, La 70501
- Call 337.233.1471 and speak with Wayne Lemoine and let him know your interest and need for The Glenn Armentor \$10,000 “PAY IT FORWARD “Scholarship of Excellence Application
- Email us requesting an application to Scholarship@GlennArmentor.com

What is the deadline?

The deadline to turn in your application is March 1st. The committee will review the applications and an award announcement will be made by mid-April.

What must I include with my application?

1. A copy of your 6 or 7 semester high school transcript
2. A copy of your ACT or SAT scores
3. Make sure all signature lines are filled with proper signatures

MAIL YOUR COMPLETED APPLICATION TO:

UL Lafayette Scholarship Office

P.O. Box 44050

Lafayette, LA 70504-4050

Phone (337) 482-6515

UL LAFAYETTE FOUNDATION SCHOLARSHIP APPLICATION

Glenn Armentor "Pay It Forward" Non-Endowed Scholarship of Excellence

DEADLINE DATE: MARCH 1st

ELIGIBILITY REQUIREMENTS:

1. Must be an incoming freshman from an Acadiana Parish (Lafayette, Iberia, St. Martin, Acadia, St. Mary, Vermilion, St. Landry and Evangeline)
2. Must be a U.S. Citizen or permanent resident
3. Must have an English ACT 18 and Math ACT 19
4. Must have a 2.5 cumulative core high school GPA on a 4.0 scale
5. Must be admitted to UL Lafayette
6. **NOTE:** Consideration will be given to a student who has contributed through community services; who is "at risk" by virtue of family or economic situation. "At risk" will be defined as a student with at least one of the following factors: financial hardship, emotional stresses, environmental negatives, or family circumstances.

I. Personal Background

Name: _____ Phone: () _____ (Cell) _____
LAST FIRST MIDDLE INITIAL

Address: _____ Email: _____

CITY STATE ZIP Date of Birth: ____ - ____ - ____

Parish/County: _____ High School Graduation Date: _____

College Major: _____

II. High School Information

School Name _____ Phone # () _____

School Address _____

City _____ State _____ Zip _____

Counselor _____ Phone # () _____

III. Academic Background

ACT Scores: English ____ Math ____ Read ____ Sci. Resn. ____ COMP ____ Test Date _____

High School GPA on 4.0 Scale _____

IV. Extra Curricular Activities (you may use an additional sheet)

High School Clubs/Organizations Band/Chorus/ Debate/Quiz Bowl/ Sports	Year(s) Participated FR SO JR SR	Leadership Positions Held-Appointed and/or elected offices, team captains, etc.	Years(s) Participated FR SO JR SR
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

V. Respond to the following questions. You may attach an additional sheet.

1. What community activities have you been involved in?

2. What are your goals for the future?

3. How would this scholarship help you and your family?

4. Do you plan to live on campus or commute?

5. Please list all work experience. (All jobs, exact dates of employment, number of hours per week and duties)

VI. Financial Information

*Students selected for interview will be required to provide tax information from parents and/or guardians.

Parents: Father’s Name: _____ Occupation _____
LAST FIRST

Mother’s Name: _____ Occupation _____
LAST FIRST

Family Yearly Income _____ Father’s Income _____ Mother’s Income _____

Number of Brothers/Sisters (excluding yourself) residing at home _____ Number of Brothers/Sisters in college _____

_____ Signature of School Representative	_____ Date	Comments: I understand my records will be available to donors and Scholarship committees. I give my permission for my records to be transmitted electronically.
_____ Student Signature	_____ Date	

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