

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 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
- 4. Attach a one or two page personal narrative statement on why you are applying for the scholarship

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: LAST FIRST MIDDLE INITIAL	Phone: ()(Cell)	
Address:	Email:	
	Date of Birth:	
CITY STATE ZIP		
Parish/County:	High School Graduation Date:	
College Major:	ULID	
II. High School Information		
School Name	Phone # ()	
School Address		
CityStateZip Counselor		
III. Academic Background		
ACT Scores: English Math Read Se	ci. Resn COMP Test Date_	
High School GPA on 4.0 Scale		
IV. Extra Curricular Activities (you may use an	n additional sheet)	
High School Clubs/Organizations Year(s) Participated Band/Chorus/ Debate/Quiz Bowl/ Sports 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 M.doc#	

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) Please attach a one or two page personal narrative on why you are applying for the Pay It Forward Scholarship. VI. Financial Information *Students selected for interview will be required to provide tax information from parents and/or guardians. Parents: Father's Name: _ LAST Mother's Name: _ 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 **Comments:** Signature of School Representative Date I understand my records will be available to donors and Scholarship Student Signature Date committees. I give my permission for my records to be transmitted

electronically.

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

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