

Scholarship Application
Clara Gillard Memorial Scholarship
Access of Louisiana Federal Credit Union
PO Box 2657
Sulphur, LA 70664

To Be Eligible **Applicant** Must Be a Member for a minimum of six months and in good standing of Access of Louisiana Federal Credit Union.

Please Read Carefully and Fill Out Completely
Any Incomplete Applications Will Be Rejected

ACADEMIC YEAR OF REQUEST 2023-2024
All Applications must be submitted by Wednesday, March 1, 2023

APPLICANT INFORMATION

1. NAME _____
 LAST FIRST MIDDLE MAIDEN
2. ADDRESS _____
 STREET CITY STATE ZIP PARISH
3. PHONE _____
4. BIRTHDATE _____
5. SOCIAL SECURITY # _____ - _____ - _____
6. SEX _____M_____F
7. LOUISIANA RESIDENT ____YES ____NO
8. VETERAN ____YES ____NO
9. U. S. CITIZEN ____YES ____NO*
 *If no, attach copy of student Visa
10. STUDENT'S MARITAL STATUS
 ____Single ____Married and number of years _____
 ____Widowed ____Separated/Divorced – Date _____

FINANCIAL AID REQUEST

11. FALL & SPRING AID (check all that apply)
 ____Pell Grant ____State Loan
 ____SEOG ____GSL/Stafford
 ____SSIG ____Plus/SLS Loan
 ____Federal Loan
 ____NDSL
12. Indicate amounts of other aid that you will receive PER SEMESTER during the Fall of academic year applied for and the following Spring (MUST BE COMPLETED).
 \$ _____Voc. Rehab. \$ _____VA Benefits
 \$ _____Scholarships \$ _____Other – Specify
 \$ _____Job – On – Campus \$ _____Aid From Family
13. Do you have any disabilities? _____
14. Name and location of **Technical School** you will be attending in the Fall of academic year you are applying for _____
15. Major field of study: _____
16. HAVE YOU (THE STUDENT) EVER FILED OR ARE YOU CURRENTLY FILING FOR BANKRUPTCY? ____NO ____YES* (*If "yes", give date of filing: _____)
17. High School Graduated From: _____
18. College Classification During the Fall Semester for which you are applying: _____

- Entering Freshman Junior
 Continuing Freshman Senior
 Sophomore Graduate Other
19. College Status:
 First Time College Student
 Continuing Student of this University
 Former Student of this University
 New Transfer from another University
20. Do you have a degree from this or another University?
 Yes No If so, what kind? _____
21. Education Objective:
 Bachelor's Degree
 Associate Degree
22. Expected Graduation Date from University: _____
23. List other Colleges, Vo-tech, and Proprietary schools and the years attended:

ALL STUDENTS MUST SUPPLY A COPY OF TRANSCRIPT FROM THEIR LAST 6 FULL-TIME SEMESTERS OF STUDY (HIGH SCHOOL OR COLLEGE) AS WELL AS A COPY OF THEIR ACT TEST SCORE RESULTS

24. Where will you live during the academic year?
 On Campus Off Campus With Parents/Guardian
25. Your Present Employer _____ Occupation _____
26. MOTHER/GUARDIAN _____
- | | | | | |
|---------------|-----------|-------|--------|-----------------------|
| | LAST NAME | FIRST | MIDDLE | OCCUPATION |
| ADDRESS _____ | | | | |
| | STREET | CITY | STATE | ZIP PHONE NUMBER |
27. FATHER/GUARDIAN _____
- | | | | | |
|---------------|-----------|-------|--------|-----------------------|
| | LAST NAME | FIRST | MIDDLE | OCCUPATION |
| ADDRESS _____ | | | | |
| | STREET | CITY | STATE | ZIP PHONE NUMBER |
28. Parent's Current Marital Status:
 Single Married, How Long _____
 Widowed Separated/Divorced and How Long _____
29. List everyone living at your parent's house including yourself: _____
30. How many children do you (the student) have? _____
31. Spouse's Name _____ Soc. Sec. # _____
32. Spouse's Birthdate _____ Occupation _____
33. Spouse's Employer _____
34. Will Spouse Attend School? Yes No

AFFIDAVIT OF INDEPENDENCE

_____ is married or a graduate or professional student and will not be claimed as a U.S. income tax exemption by his/her parents or guardian for the academic year indicated in this application.

Signature of Student

Signature of Parent or Guardian

ACTIVITIES THAT APPLICANT HAS BEEN INVOLVED IN

NAME OF ORGANIZATION _____
YEAR(S) _____
OFFICES HELD _____
SIGNIFICANT ACCOMPLISHMENTS _____

NAME OF ORGANIZATION _____
YEAR(S) _____
OFFICES HELD _____
SIGNIFICANT ACCOMPLISHMENTS _____

NAME OF ORGANIZATION _____
YEAR(S) _____
OFFICES HELD _____
SIGNIFICANT ACCOMPLISHMENTS _____

NAME OF ORGANIZATION _____
YEAR(S) _____
OFFICES HELD _____
SIGNIFICANT ACCOMPLISHMENTS _____

NAME OF ORGANIZATION _____
YEAR(S) _____
OFFICES HELD _____
SIGNIFICANT ACCOMPLISHMENTS _____

WRITE A STATEMENT EXPLAINING WHY YOU ARE THE BEST CANDIDATE TO RECEIVE THE CLARA GILLARD MEMORIAL SCHOLARSHIP.

ESSAY QUESTION

PLEASE ANSWER ONE OF THE FOLLOWING ESSAY QUESTIONS. THE ANSWER MUST BE ON A SEPARATE SHEET OF 8 ½ X 11 PAPER, BE ONE PAGE IN LENGTH, AND BE DOUBLE-SPACED TYPED USING A 12 POINT FONT. YOU SHOULD ONLY ANSWER ONE OF THE FOLLOWING QUESTIONS:

ESSAY CHOICE #1:

HOW WILL YOUR STUDY OF (YOUR MAJOR) CONTRIBUTE TO YOUR IMMEDIATE OR LONG-RANGE CAREER PLANS?

ESSAY CHOICE #2:

EXPLAIN THE IMPORTANCE OF YOUR MAJOR IN TODAY'S ENVIRONMENT AND EXPLAIN WHY YOU CHOOSE THIS MAJOR?

ESSAY CHOICE #3:

WHAT DO YOU THINK THE INDUSTRY OF (YOUR PLANNED FIELD) WILL BE LIKE IN 10 YEARS?

ESSAY CHOICE #4:

WHAT ARE THE MOST IMPORTANT ISSUES YOUR FIELD IS FACING TODAY?