Name		Email Address
Last	First	

LUMCON COURSE SCHOLARSHIP APPLICATION CHECKLIST

DEADLINE: April 21, 2017

Please rev	viev	w your application packet before mailing. Applications must include:	
		LUMCON Summer Credit Course or Skill-based Course Application	
]	Scholarship Application Form	
]	Official College Transcript(s), can be the same ones used with your course application.	
		LUMCON Summer Program Recommendation Forms sent directly from <u>two</u> faculty reference (photocopying of forms is permitted)	3S
* *	Giv or she Sch Ful	anscript(s) can be sent separately from other application documents. ve the recommendation forms to two professors who are familiar with your coursework reacademic achievements, and are listed on the Summer Program Application. They would forward the forms directly to LUMCON. Remind them of the application deadline. The holarships applications may require additional materials will payment for all courses MUSt be received before you arrive on the first day of you course. The holar complete package to: Murt Conover Associate Director of Education & Outreach LUMCON	
		8124 Highway 56 Chauvin, LA 70344	
nvestigat decisions Marine Co	tion 5. I a		
Signature	າ ດf	Applicant Date	

Name		Email Address_
Last	First	

APPLICATION for LUMCON COURSE SCHOLARSHIPS

DEADLINE: April 21, 2017

Academic Information					
Institution	Years Attended	Major	GPA	Degree Awarded	

		Stu	dent Information			
1.	1. Describe your financial need for a scholarship.					
2.	Describe the level and types of fina	nncial aid you re	ceive from your home instituti	on?		
3.	Describe any activities (e.g. volunte relation to science, technology, eng			ganizatior	ns) that you participated in	
4.	Describe your work history (can pr	ovide resume).				
5.	Describe how you hope attending a	a LUMCON cour	se will be beneficial to your fut	ture goals	or plans.	

Name		Email Address	
Last	First		

LUMCON Summer Program Scholarship Recommendation Form

DEADLINE: April 21, 2017

l,her	eby waive my righ	t under the General Education Provi	sions Act (Public Law			
93-390) which means the recommendation by		is to be ke	ept confidential and			
viewed only by members of the scholarship committee and authorized LUMCON personnel. At no time will I have access to the						
contents of this recommendation.						
I,, do	not waive my righ	t under Public Law 93-390.				
Signature Dat	e	<u> </u>				
Fa	culty Recomme	ndation				
In what capacity do you know the student?						
Department	University					
Please evaluate the student's qualifications by check	king the appropri	ate spaces below:				
Performance in your course		Integrity				
1. Excellent (upper 10%)		1. No reason to quest	tion			
2. Good (upper 25%)		2. Questionable				
3. Average (upper 50%)						
4. Below average (below 50%)		Communication				
		Oral	Written			
Industry		1. Excellent				
1. Works well, reserve capacity		2. Good				
2. Works at capacity for present grades		3. Satisfactory				
3. Satisfactory work, not his/her best		4. Poor				
4. No basis to judge		5. No basis to judge				
Maturity		Relationships with				
,		Faculty	Students			
1. Mature for age		1. Appropriate				
2. Will mature well		2. Minor difficulties				
3. Immature		3. Excessive demands	s			
4. No basis to judge		4. No basis to judge				
Please support your evaluation of this student with performance, motivation, stability, creativity, and		_	•			
1. I recommend this student	Name					
without reservation.						
with reservation.	Signature		Date			
2 I do not recommend this student.	Dhono	Email				
3 Please contact me about this student.	FIIOHE	Email	_			

Please return by April 21, 2017 to:

Name		_Email Address_
Last	First	

LUMCON Summer Program Scholarship Recommendation Form

DEADLINE: April 21, 2017

I,h	ereby waive my right	under the General Education Provisi	ons Act (Public Law
93-390) which means the recommendation by			
viewed only by members of the scholarship committee			
contents of this recommendation.			
l <u>, </u>	do not waive my right	under Public Law 93-390.	
Signature D	ate	_	
F	aculty Recommend	lation	
	dodny recomment		
In what capacity do you know the student?			
Department	University		
Please evaluate the student's qualifications by che	sking the appropria	to spaces holows	
riease evaluate the student's qualifications by the	cking the appropria	te spaces below.	
Performance in your course		Integrity	
1. Excellent (upper 10%)		1. No reason to questi	on
2. Good (upper 25%)		2. Questionable	
3. Average (upper 50%)			
4. Below average (below 50%)		Communication	
		Oral	Written
Industry		1. Excellent	
1. Works well, reserve capacity		2. Good	
2. Works at capacity for present grades3. Satisfactory work, not his/her best		3. Satisfactory 4. Poor	
4. No basis to judge		4. Pool5. No basis to judge	
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Maturity		Relationships with	
,		Faculty	Students
1. Mature for age		1. Appropriate	
2. Will mature well		2. Minor difficulties	
3. Immature		3. Excessive demands	
4. No basis to judge		4. No basis to judge	
Diagram and the state of this state of the s	al		
Please support your evaluation of this student wi performance, motivation, stability, creativity, and			
1. I recommend this student	Name		
without reservation.			
with reservation.	Signature		Date
2 I do not recommend this student.	Phone	Email	
 Please contact me about this student. 	1 HOHC		

Please return by April 21, 2017 to: