

## McNeese Federal Credit Union Memorial Scholarship Academic Scholarship Application

### Student Information

The official ACT/SAT scores must be sent directly to McNeese from the testing agency.  
 A copy of your academic transcript(s) must be on file with the Registrar's Office or attached.

Social Security Number		Name (Please print – Last, First Middle, Maiden)	
Mailing Address		City	State      Zip Code
Area Code/Phone	Parish/County	Name of Parent(s) or Guardian	
Status (Check One)	<input type="checkbox"/> First-Time Freshman <input type="checkbox"/> Former McNeese Student	<input type="checkbox"/> Continuing McNeese Student <input type="checkbox"/> International Student	<input type="checkbox"/> Transfer Student
Are you classified as a resident of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		Semester/Year you plan to enroll _____	
Do you plan to live in a dormitory? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have either of your parents graduated from McNeese? <input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		High School Graduation Date	
Intended Major Field of Study		TOEFL Score (International Students Only)	
Indicate other awards, scholarships or financial aid you expect to receive while at McNeese:			
<input type="checkbox"/> TOPS Honors	<input type="checkbox"/> TOPS Opportunity	<input type="checkbox"/> Music/Band	<input type="checkbox"/> Rodeo <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other
<input type="checkbox"/> TOPS Performance	<input type="checkbox"/> Athletics	<input type="checkbox"/> Private	<input type="checkbox"/> Debate <input type="checkbox"/> Graduate Assistantship

### For First-Time Freshmen Only

(Information to be completed by high school counselor.)

The student's six-semester rank in class is _____ out of _____.		
The student's six-semester GPA is _____ on a 4.00 scale    OR    _____ on a _____ scale.		
ACT Score: Eng _____ Math _____ Reading _____ Sci. Reas. _____ Composite _____ Test Date _____		
SAT Score: Verbal _____ Math _____ Composite _____ Test Date _____		
<b><i>The official score report must be sent directly to McNeese from ACT or SAT.</i></b>		
Demonstrated participation in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information		
High School Counselor's Signature	Date	Area Code/Phone
High School Address		

**All applicants must complete the back of this form.**

***Return completed application to:***  
 McNeese Federal Credit Union  
 Scholarship Committee  
 P.O. Box 90740  
 Lake Charles, LA 70609

### Other Information

(Attach additional pages if necessary.)

Activities and/or Employment (years of participation in each activity or position):

Leadership Positions Held (club president, committee chairperson, etc.):

Honors and Awards Received:

The information submitted accurately represents my credentials for consideration for scholarships to McNeese State University. I authorize the University to verify this information through appropriate means and to release this information to authorized selection committees. I realize that falsification of any information regarding my credentials may result in loss of awards, refusal for admission or dismissal from the University.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Transfer, Former or Continuing Students ONLY

(Please list all colleges/universities attended.)

College	State	Dates of Attendance
Major	<input type="checkbox"/> Undergraduate	Hours Completed
Cumulative GPA	Degree Obtained	Date Degree Obtained
College	State	Dates of Attendance
Major	<input type="checkbox"/> Undergraduate	Hours Completed
Cumulative GPA	Degree Obtained	Date Degree Obtained
College	State	Dates of Attendance
Major	<input type="checkbox"/> Undergraduate	Hours Completed
Cumulative GPA	Degree Obtained	Date Degree Obtained