

MCNEESE STATE UNIVERSITY
Calcasieu-Cameron Students with Orthopedic Disabilities
Scholarship Application

Priority Deadline July 1st

MSU through the MSU Foundation offers an academic scholarship known as the CALCASIEU-CAMERON STUDENTS WITH ORTHOPEDIC DISABILITIES SCHOLARSHIP to those Calcasieu Parish and Cameron Parish students with a physician verified orthopedic disability and acceptable academic credentials. Standardized test scores and grade point average are factors considered in awarding the scholarship and courses completed, extracurricular activities/participation and leadership positions/potential are also used in selecting a scholarship recipient.

To be considered for this scholarship, you must:

- *Complete the MSU Application For Admission and this Academic Scholarship Application.
- *Attach a copy of your MSU Application For Admission
- *Include an unofficial transcript when returning the application.
- *For first time freshmen only, have your official ACT/SAT scores forwarded to McNeese State University from the testing company.

STUDENT INFORMATION PLEASE PRINT

MSU ID or LA Driver's License Number

Last Name First Middle Other/Maiden

Mailing Address (Number, Street, Apt. No.)

E-mail Address High School High School Graduation Date (mm/yy)

Facebook User Name And Address Telephone Number

Status First-Time Freshman Early Admission/High School Dual Enrollment Transfer Student
(Circle One): Former McNeese Student Continuing McNeese Student First-Time Graduate Student

Indicate classification: Undergraduate Student Graduate Student

Indicate degree/certification that you are seeking:

Associate Degree Bachelor's Degree Master's or Specialist Degree Certification (Dietetic, Teacher, other)

Semester/Year you plan to enroll (semester/yy)

Are you classified as a resident of either Calcasieu Parish or Cameron Parish, Louisiana

Yes No

Are you enrolling as a full time or part time student? Full Time _____ Part Time _____

Do you plan to live in a residence hall? Yes No Are you in the CALL online program? Yes No

Are you purchasing a MSU meal ticket?: Yes No

Did either parent graduate from McNeese? Yes No Did either parent attend a college or university? Yes No

Indicate other awards, scholarship or financial aid you expect to receive while attending McNeese

TOPS Honors	Athletic	Music/Band	Graduate Assistantship
TOPS Opportunity	Debate	Private	
TOPS Performance	Financial Aid	Rodeo	Other

FOR FIRST TIME FRESHMEN ONLY

Six-semester rank in class is _____ out of _____ or _____ % (percentile)

Six-semester GPA is _____ on a 4.0 scale -OR- _____ on a _____ scale.

ACT Score: Eng ____ Math ____ Reading ____ Sci.Reas ____ Composite ____ Eng/Writing ____ Test Date _____

SAT Score: Critical Reading ____ Math ____ Writing ____ Test Date _____

THE OFFICIAL SCORE REPORT MUST BE SENT DIRECTLY TO MCNEESE FROM ACT OR SAT

FOR TRANSFER & GRADUATE STUDENTS

Undergraduate Cumulative GPA _____ Undergraduate Cumulative Hours: _____

FOR GRADUATE STUDENTS

GRE Score: Verbal ____ Quantitative ____ Analytical ____ or GMAT Score ____

FOR ALL APPLICANTS, COMPLETE THE FOLLOWING AND ATTACH (STAPLE) ADDITIONAL PAGES IF NECESSARY TO COMPLETE THE FOLLOWING QUESTIONS:

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

Leadership Positions Held (class/club officer, committee positions, etc.):

Honors and Awards Received:

Medical diagnostic code number identifying your orthopedic disability and attach current physician report verifying this diagnosis:

Did you receive an honorable discharge from the U.S. military service? Yes No Not Applicable

If available, attach a current employment resume.

Your signature indicates that the information submitted accurately represents your credentials for consideration for MSU scholarships. It also is your authorization for the University to verify this information through appropriate means and to release this information to authorized selection committees. Should you receive a scholarship, the University is authorized to release award information to news media, scholarship donors, and other persons deemed appropriate.

Signature of Student Applicant: _____ Date: _____

(Please Mail This Application With Attachments To Ms. Ellen Beasley, Scholarship Administrator, MSU Office of Scholarships, Box 92575, Lake Charles, LA 70609 Telephone (337) 475-5065 Fax (337) 475-5592