

Date Received:
(Foundation use only)



PATRICK F. TAYLOR FOUNDATION

Application for the Patrick F. Taylor Scholarship in Engineering at Louisiana State University
(Recruitment into Engineering of High Ability Minority Students)

(Please print or type)

Date: _____

Social Security #: _____

Name: _____

Are you a Louisiana Resident? _____

Are you a U.S. Citizen? _____

Phone: () _____

Current Address: _____

Cell Phone: () _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Occupation: _____

Total Family Income: \$ _____

Total number of dependents in Household: _____

Total number of dependents in College: _____

Total number of dependents in Grades K-12: _____

Estimated Educational Expense: (per semester)

Tuition: _____

Housing: _____

Fees: _____

Board: _____

Books: _____

Travel: _____

Course/Lab Supplies: _____

Other: _____

Total Anticipated Costs: \$ _____ (per semester)

Amount of financial aid from other sources: \$ _____
(This includes awards, grants, and scholarships)

Specify other sources: _____

Will you receive a TOPS award? _____ If not, explain: _____

(continued)

Application for Educational Assistance

Reason for Assistance: _____

Name of High School: _____

Dates Attended: _____ to _____

School Address: _____

Phone: () _____

GPA: _____ ACT: _____

(Attach current transcript & copy of ACT or SAT scores)

Graduation Date: _____

Name of Principal or Counselor: _____

Name of College or University (attending or planning to attend): _____

Answer ONLY if you are attending college at the present time:

Circle Classification: Freshman Sophomore Junior Senior

Total Credit Hours Earned: _____

Area of Study: Major: _____ Minor: _____

Career Goal: _____

Scholastic Achievements (submit documentation): _____

Extracurricular Achievements (submit documentation): _____

Please Note: Two (2) character reference letters must be attached to application.

Letters must include person's name, title, occupation, address and phone number(s)

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the scholarship process is complete, accurate, and true to the best of my knowledge. I also understand that furnishing false information may result in revocation of my scholarship.

Applicant's Signature

Date

One Lee Circle
New Orleans, Louisiana 70130

Phone: 504.589.0555 Fax: 504.589.0408

www.TaylorPlan.com

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