

Clifford West Scholarship Application

Name: _____
Last First MI

Social Security #: _____ W #: _____

Home Phone #: _____ Campus Phone #: _____
(Area Code) (Area Code)

Mailing Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Freshman Year Intramural Sports Participation: Yes / No
(Please circle one)

Classification: Freshmen Sophomore Junior Senior
(Check one)

Type of Intramural Sports Participation:
(Check one)

Sport Participant Official/Referee Worker/Support Role

Grade Point Average: _____

Please describe any extracurricular activities you participate in:

Please submit a one-page essay describing the reason(s) you are applying for the Clifford West, Jr. Scholarship.

Submit Completed Application with Essay to:

Recreational Sports and Wellness Department
Clifford West, Jr. Scholarship
SLU 10481
Hammond, LA 70402