University of Louisiana at Monroe
Dual Enrollment Program
Scholarship Application

Student Information Please print.

Name _____ **SSN** _____
Last **First** **Middle**
Address _____

Phone _____ **Email** _____

School _____ **Grade** _____

Parents Name _____

Address _____ **Phone** _____

2006-07 Dual Enrollment Course(s) _____

Scholarship Qualifying Information

Total Household Income Factors

_____Number of persons in household

Please place a check beside the appropriate level.

Annual income no more than	Monthly income no more than	Weekly income no more than
18,130	1,511	349
24,420	2,035	470
30,710	2,560	591
37,000	3,084	712
43,290	3,608	833
49,580	4,132	954
55,870	4,656	1,075
62,160	5,180	1,196

Other income level_____ ____**Annual** ____**Monthly** ____**Weekly**
____**Other (specify pay interval)**

I certify the above information is correct and that I will comply with the requirements of ULM's Dual Enrollment Program.

_____ _____
Student Signature **Date**

My signature certifies that all information is correct and I authorize my child's participation in ULM's Dual Enrollment Program.

_____ _____
Parent or Custodian Signature **Date**