

Association of Arkansas Counties Scholarship Application

Qualifications for those seeking Scholarship:

1. Applicants **must** plan on attending or is already attending college, graduate school or other qualifying education institution.
2. Applicant **must** have a financial need.
3. **Applicant must have a current grade point average of 3.0 or above and a minimum ACT score of 18.**
4. Applicant **must be** or will be a high school graduate of the State of Arkansas.
5. Applicant **must be** a child, grandchild, adopted child, or stepchild of a current or retired county employee of Arkansas.

Instructions for completing Application:

1. Application is to be completed by applicant.
2. All parts of the application must be completed in full.
3. Please type or print in black or blue ink.
4. Attach the following to the completed application: **Without the following information, application will not be processed:**
 - A. **Three** (3) character reference letters, one from a county employee other than a relative.
 - B. An official transcript of courses taken along with ACT/SAT scores.
 - C. A biographical statement, including family and educational background, financial need, work history and other pertinent information about yourself.
5. Send completed application with attachments to:
Scholarship Trust
Association of Arkansas Counties
1415 W. Third Street
Little Rock, Arkansas 72201
6. Completed applications **must be** received between January 1 and May 1 in order to be considered for that year's scholarship.

ASSOCIATION OF ARKANSAS COUNTIES
SCHOLARSHIP APPLICATION

Applicant's Name: _____
Permanent Address: _____
City, State, Zip: _____
Age: _____ Marital Status: _____ Number of Dependents: _____
Phone Number: _____
Are you currently employed? Yes _____ No _____
Name of current/last employer (if any)? _____
Position: _____ Salary/Wages: _____

Are you a child, grandchild, adopted child or stepchild of a current or retired county employee of Arkansas?
Yes: _____ No: _____ If yes, name of relative _____
Which county? _____ Department relative employed: _____
Relationship to county employee: _____

Source and amount of funds available for year in which scholarship is requested:

REQUIRED INFORMATION

Parents projected income: \$ _____
Own projected income: \$ _____
Scholarships (current or anticipated): \$ _____
Government Grants: \$ _____
Personal Savings: \$ _____
Other (i.e. spouse income): \$ _____

Have you previously received assistance from the Association of Arkansas Counties Scholarship Trust? Yes: _____ No: _____

Educational Institution Applicant is now Attending:

Institution Name: _____
City, State, Zip: _____
Major: _____ Grade Point (on a 4.0 scale): _____
Highest ACT or SAT Score: _____

Academic Classification (check one)

_____ High School Senior _____ College Junior
_____ College Freshman _____ College Senior
_____ College Sophomore _____ Graduate Student
_____ Other

Educational Institution in which enrollment is desired:

Institution Name: _____
City, State, Zip: _____
Course of Study: _____ Degree Sought: _____
Expected Date of Completion: _____
Amount of tuition/fees per semester: \$ _____

By my signature, I hereby authorize the Association of Arkansas Counties or its agents to make inquiry as to my enrollment status at the educational institution noted above and to seek reimbursement of scholarship funds should I fail to attend a qualifying educational institution.

Signature _____ **Date** _____