**STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **hAR-BER HIGH SCHOOL**

**LAST, FIRST** **SPRINGDALE HIGH SCHOOL**

**ARCHER LEARNING CENTER**

**Springdale Public Schools**

2015 Scholarship Application

# Please check the scholarship for which you are applying. If applying for multiple scholarships,

# please submit a separate application for each.

AFSFA/ Boatright Memorial scholarship

Carroll Electric scholarship

Elmdale Elementary “Eagle” scholarship

ffa alumni booster

ffa / austin ussery

Harp Elementary linda childers knapp scholarship

Helen tyson middle school college & career readiness club (ccrc) scholarship

Helen tyson middle school graduate scholarship

Hellstern Middle school graduate scholarship

J.B. Hunt Elementary pta scholarship

J.O. kelly middle school pta scholarship

lee elem/ peggy hill memorial scholarship

Caryn Hobson pierce memorial scholarship

Shaw elementary/patti brigman memorial scholarship

T.G. Smith PTA Alumni scholarhip

Southwest JH honor Society

Springdale Education Association scholarship

springdale high school Ptso – shs only

Tyson Elementary “tyson tiger” scholarship

walker elementary fratzke/mabry scholarship

Todd S. Williams Memorial Scholarship – shs only

Bernice Young Elementary scholarship

**Applicant Information**

Name:

Last First Middle

Address:

Street City ST Zip

Email Address: Telephone: ( ) Date of Birth: Gender: Male Female

Social Security No (Optional).: -- -- Resident of: County

High School: Graduation Date:

**Family Information**

Name of Father/Stepfather/Guardian:

Father’s Occupation:

Address:

Street City ST Zip

Daytime Telephone: ( ) Evening Telephone: ( )

Name of Mother/Stepmother/Guardian:

Mother’s Occupation:

Address:

Street City ST Zip

Daytime Telephone: ( ) Evening Telephone: ( )

Check if applicable: Father deceased Mother deceased Parents divorced

**For Married Students**

Name of Spouse:

Spouse’s Occupation:

Address:

Street City ST Zip

**High School Information**

Name of High School:

Address:

Street City ST Zip

Principal’s Name:

**Post Secondary School Information**

Name of post-secondary school you plan to attend:

4-Yr. College/University 2-Yr Community College Vocational/Technical School Other

Planned Major or Course of Study:

# Work Experience

|  |  |  |  |
| --- | --- | --- | --- |
| Using only the space below, please list your paid work experience during the past four years, beginning with your most recent position. | | | |
| EmployerContact Name/Phone | **Nature of Work** | **Dates of Employment** | **Hrs./Wk.** |
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|  |  |  |  |

# School & Community Activities

|  |  |  |
| --- | --- | --- |
| Using only the space below, list extracurricular, community, and religious activities in which you have participated during the past four years. *Please list activities in order of importance to you*. | | |
| Activity | **No. of Years** | **Leadership Positions, Awards & Recognition** |
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# Other Information Requested

Please enclose the following documents with your completed application.

🗖 Most Current High School Transcript (Must include GPA and class rank.)

🗖 Copy of ACT / SAT / COMPASS score(s).

🗖 Cover Letter telling us about yourself (background, interests, and reasons for applying).

🗖 **Any additional items required by a particular scholarship guidelines.**

# Other Sources of Funds

|  |  |
| --- | --- |
| Grants or Scholarships | **Amount/Term** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Savings for College | **Amount** |
|  |  |
| Help from Parents or Other Family Members | **Amount** |
|  |  |
|  |  |
|  |  |

# Other Family Members Attending College (during the coming academic year)

|  |  |
| --- | --- |
| Name of Family Member | **Year in College** |
|  |  |
|  |  |
|  |  |

# Net Income of Legal Guardians (from most recent IRS Form 1040)

|  |  |
| --- | --- |
| Amount | **Tax Year** |
|  |  |

# Certification

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant’s Signature Date