

STUDENT NAME _____
LAST, FIRST

- HAR-BER HIGH SCHOOL
 SPRINGDALE HIGH SCHOOL
 ARCHER LEARNING CENTER

SPRINGDALE PUBLIC SCHOOLS
2017 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

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

NWA DEMOCRAT GAZETTE SCHOLARSHIP

CARYN HOBSON PIERCE MEMORIAL SCHOLARSHIP

SHAW ELEMENTARY/PATTI BRIGMAN MEMORIAL SCHOLARSHIP

T.G. SMITH PTA ALUMNI SCHOLARSHIP

SOUTHWEST JH HONOR SOCIETY

SPRINGDALE EDUCATION ASSOCIATION SCHOLARSHIP

SPRINGDALE HIGH SCHOOL PTSO - SHS ONLY

TYSON ELEMENTARY "TYSON TIGER" SCHOLARSHIP

WALKER ELEMENTARY FRATZKE/MABRY SCHOLARSHIP

WHITLOCK ORTHODONTICS DENTAL SCHOLARSHIP

BERNICE YOUNG ELEMENTARY SCHOLARSHIP

HAR-BER HIGH SCHOOL PTSO-HBHS ONLY

MEEP SCHOLARSHIP: MOTHER'S EDUCATIONAL ENDOWMENT OF PROMISE SCHOLARSHIP

GEORGE 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. | | | |
|---|----------------|------------------------|----------|
| Employer Contact 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. <i>Please list activities in order of importance to you.</i> | | |
|---|--------------|--|
| 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 (May print from HAC)
- Copy of ACT / SAT / COMPASS score(s). (May print from student account)
- 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 |
|---|-------------|
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| | |
| Savings for College | Amount |
| | |
| Help from Parents or Other Family Members | Amount |
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OTHER FAMILY MEMBERS ATTENDING COLLEGE (during the coming academic year)

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

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