**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

[ ]  George Elementary PTA Scholarship

[ ]  Har-Ber High school PTSO – HBHS only

[ ]  Harp Elementary/Linda Childers Knapp Scholarship

[ ]  Helen tyson middle school college bound 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

[ ]  Nti tuition waiver scholarship

[ ]  Caryn Hobson pierce memorial scholarship

[ ]  T.G. Smith PTA Alumni scholarhip

[ ]  Southwest JH honor Society

[ ]  springdale benevolent scholarship

[ ]  Springdale City Council PTa scholarship

[ ]  Springdale Education Association scholarship

[ ]  springdale ffa alumni booster –hbhs only

[ ]  springdale ffa / austin ussery – hbhs only

[ ]  springdale ffa / deb mason – hbhs only

[ ]  springdale high school Ptso – shs only

[ ]  springdale fire department scholarship

[ ]  Tyson Elementary “tyson tiger” scholarship

[ ]  walker elementary fratzke/mabry scholarship

[ ]  Whitlock dental 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