**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