

# 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 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: \_\_\_\_\_  
Home 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, who? \_\_\_\_\_  
Which county? \_\_\_\_\_ Department employed: \_\_\_\_\_  
Relationship to county employee: \_\_\_\_\_

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

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** \_\_\_\_\_