The Association of Arkansas Counties (AAC) established its Scholarship Trust in 1985 to provide college financial assistance to the children, stepchildren and grandchildren of Arkansas county and district officials and employees. AAC has since awarded nearly a quarter of a million dollars in scholarships.

Along with the AAC, the following county associations contributed to the scholarship trust in 2019: The County Judges Association of Arkansas, the Arkansas County Clerks Association, the Arkansas Circuit Clerks Association, the County Collectors Association of Arkansas, the Arkansas County Treasurers Association, the Arkansas Coroner's Association, the Arkansas Sheriff's Association, the Assessors Association of Arkansas, and the Arkansas Association of Quorum Courts.

Qualifications for those seeking scholarship:

- Applicants must plan to attend or already attend a college, graduate school or other qualifying education institution.
- Applicant must have a financial need.
- Applicant must have a current grade point average of 3.0 or above and a minimum ACT score of 18.
- Applicant must be or will be a high school graduate of the state of Arkansas.
- Applicant must be a child, grandchild, adopted child, or stepchild of a current or retired county employee of Arkansas.

Instructions for completing application:

- Download the application at www.arcounties.org.
- Application is to be completed by applicant.
- All parts of the application must be completed in full.
- Please type or print in black or blue ink.
- Attach the following information to the completed application. Without the following information, application will not be processed:
  1. Three (3) character reference letters, one from a county employee other than a relative.
  2. An official transcript of courses taken along with ACT/SAT scores.
  3. A biographical statement, including family and educational background, financial need, work history and other pertinent information about yourself.

Send completed application with attachments to:

Scholarship Trust
Association of Arkansas Counties
1415 W. Third Street
Little Rock, Arkansas 72201

Completed applications must be received between January 1 and May 1, 2020 in order to be 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: ______
Which county? __________ Department relative employed: __________
Relationship to county employee: ________________

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

REQUIRED INFORMATION

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 Freshman
_____ College Sophomore

_____ College Junior
_____ College Senior
_____ 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 __________________________