Arkansas County Treasurers Association
Scholarship Application

Qualifications for those seeking scholarship:

1. Attend college, graduate school, vocational, or other qualifying accredited educational institution.
2. Show academic merit (minimum high school grade point 3.0 or college grade)
3. Natural, adopted, or stepchild/grandchild of a current Arkansas County Treasurer, Current Deputy Treasurer, or Lifetime Member of ACTA.

Instructions for completing application:

1. Application is to be completed by applicant.
2. All parts of application must be completed.
3. Application must be typewritten or printed.
4. The following must be attached to the application:
   a. Two (2) character reference letters.
   b. A complete high school transcript of courses taken and college transcript if applicable. Include grade point average and college entrance examination score (ACT or SAT)
   c. A biographical statement, including family and educational background, financial need, extracurricular activities, work activities and other pertinent information about yourself.
5. Send completed application with attachments to:

   The ACTA President, Terry McNatt, Craighead County Treasurer, P.O. Box 63, Jonesboro, AR 72403

6. Completed applications must be received May 1st, to be considered.

Scholarships will be awarded at the June meeting.

NOTE: All parts of the application and attachments thereto are important to the grading of the application.
ARKANSAS COUNTY TREASURERS ASSOCIATION
SCHOLARSHIP APPLICATION

1. Applicant’s Full Name   Applicant’s E-Mail Address   Applicant’s Phone No.

Permanent Mailing Address

City   State   Zip

Age   Marital Status   # of Dependents

II. EMPLOYMENT
Current Employer

Position   Salary/Wage

Date of employment   To   Present   Number of hours worked per week

(If currently working more than one job, include additional work information on reverse side of application.)

Previous employer

Position   Salary/Wage

Date of employment   To   Number of hours worked per week

III Are you the natural, adopted, or step child/grandchild of a current Arkansas County Treasurer, current Deputy Treasurer, or Lifetime Member of ACTA? Yes__________   No ______________

If yes to number III, list relatives name: _________________________________ County ____________

IV Are you the recipient of any other financial assistance in the form of scholarships and/or grants? Yes_____   NO ______

If yes, please list total scholarships / grant received / awarded:

Scholarship / Grant from   Amount $______________

Scholarship / Grant from   Amount $______________

V Total household income:

Under $25,000   $25,001 to $50,000   $50,001 to $75,000   $75,001 and Up

VI Number of members in the household:

Adults 65 & older   Adults 18 to 64   Child(ren) under age 18

VII Educational Institution applicant is currently attending:

Institution’s Full Name   Major
VIII  ACT/SAT Score _____________________  Cumulative High School GPA _____________________

Cumulative College GPA (if applicable) ____________

NOTE: Must attach proof of ACT and/or SAT scores.

IX  Educational Institution in which applicant has been accepted and plans to attend.

___________________________________________________________________________________________________

Institution’s Full Name

___________________________________________________________________________________________________

Mailing Address

City  Zip

___________________________________________________________________________________________________

Course of Study  - Degree Sought  Amount of Tuition / fees per semester

X  WITNESSETH

Whereas, the undersigned attests that the information provided is true and accurate at the time of submission of the application; and
Whereas, all necessary documentation is affixed and duly authenticated.

_______________________________________________________  _____________________________

Applicant’s Signature  Date

IN WITNESS WHEREOF, I attest that the applicant’s qualifications meet the requirements of the Arkansas County Treasurers Association Scholarship program.

_______________________________________________________  _____________________________

County Treasurer’s Signature  County  Date