

**APPLICATION INSTRUCTIONS
COUNTY CLERKS ASSOCIATION SCHOLARSHIP**

1. MUST BE SON OR DAUGHTER OF A COUNTY CLERK OR DEPUTY CLERK OR GRANDCHILD OF A COUNTY CLERK OR DEPUTY CLERK.
2. STUDENT MUST NOT BE CONVICTED OF A FELONY OR ANY CRIME.
3. PROVIDE SCHOLARSHIP COMMITTEE WITH A LETTER OF RECOMMENDATION.
4. MUST MAINTAIN A GRADE POINT OF 2.50 TO QUALIFY TO RECEIVE THE COUNTY CLERK SCHOLARSHIP.
HOME SCHOOL STUDENTS MUST MEET THE MINIMUM REQUIREMENT SCORE FROM ACT OR SAT TESTS.
5. MUST PROVIDE MOST RECENT TRANSCRIPT (LAST HIGH SCHOOL OR COLLEGE ATTENDED)

**APPLICATION INSTRUCTIONS
JIM HARRIS & ASSOCIATES**

1. MUST BE SON OR DAUGHTER OF A COUNTY CLERK OR DEPUTY COUNTY CLERK.
2. MUST BE ENROLLED AS A FULL-TIME STUDENT IN COLLEGE.
3. IF FIRST YEAR OF COLLEGE, MUST HAVE MAINTAINED A 3.0 GRADE POINT AVERAGE THROUGH HIGH SCHOOL WITH VERIFICATION ATTACHED TO APPLICATION.
4. IF APPLYING FOLLOWING FRESHMAN YEAR IN COLLEGE, MUST HAVE MAINTAINED A 3.0 GRADE POINT AVERAGE FOR THE PREVIOUS YEAR WITH VERIFICATION (TRANSCRIPT) ATTACHED TO APPLICATION.

**APPLICATIONS MUST BE COMPLETE!!
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
THE SCHOLARSHIP APPLICATION WILL APPLY FOR BOTH SCHOLARSHIPS**

APPLICATION DEADLINE IS WEDNESDAY, JULY 1, 2022

MAIL APPLICATIONS AND ALL FORMS TO:

**Tammy Sisson
Franklin County Clerk
211 W. Commercial, Suite #1600
Ozark, AR 72949**

***Checks will be mailed to student if chosen**

**COUNTY CLERKS ASSOCIATION & JIM HARRIS
SCHOLARSHIP APPLICATION**

1. APPLICANTS NAME _____
PERMANENT ADDRESS _____
AGE _____ MARITAL STATUS _____ # OF DEPENDENTS _____
ARE YOU CURRENTLY EMPLOYED: YES ___ NO ___
NAME OF CURRENT/LAST EMPLOYER (IF ANY) _____

POSITION _____ SALARY/WAGES _____
RELATIONSHIP TO COUNTY CLERK _____
OR RELATIONSHIP TO DEPUTY COUNTY CLERK _____
COUNTY _____

2. EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING OR PLANNING TO
ATTEND:
INSTITUTION: _____
CITY, STATE, ZIP _____

**ACADEMIC CLASSIFICATION
(CHECK ONE)**

HIGH SCHOOL	COLLEGE SENIOR
COLLEGE FRESHMAN	GRADUATE STUDENT
COLLEGE SOPHOMORE	OTHER
COLLEGE JUNIOR	

3. 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 _____
DATE TERM BEGINS _____

DATE _____ APPLICANT'S SIGNATURE _____