



**OZARK
CAMPUS**

**ARKANSAS TECH UNIVERSITY – OZARK CAMPUS
SCHOLARSHIP APPLICATION FORM
AWARDED BY THE SEMESTER – MAY RE-APPLY EACH SEMESTER
DEADLINES: (FALL APRIL 15) (SPRING OCTOBER 15)**

Semester Applying For: Fall _____ Spring _____

Name: _____ Birthdate: _____

Address: _____

Telephone #: _____ Social Security #: _____

Name of High School/GED Center Attended: _____

H.S. GPA: _____ GED Composite Score: _____ Graduation Date: _____

Name of College(s) Attended: _____ GPA: _____

Have you obtained a Certificate or Degree? Yes _____ No _____

Marital status: Single _____ Married _____ No. of Children _____

Your household income last 12 months: \$ _____

List all income sources: _____

Do you live with or receive financial support from your parents or others? Yes _____ No _____

Total parent/other household income last 12 months \$ _____

List all parent/other income sources: _____

Please submit the following required information with this application:

- A. A letter of application outlining your career goals, your academic and personal accomplishments, and any extracurricular activities you may be involved in. (Tell us about yourself)
- B. A letter of recommendation from a teacher, employer, or high school counselor.

Note: All applicants need to complete the FAFSA (Free Application for Federal Student Aid) prior to applying for this scholarship.

Signature

Date

PLEASE SUBMIT APPLICATION TO:
ARKANSAS TECH UNIVERSITY – OZARK CAMPUS
FINANCIAL AID OFFICE
1700 HELBERG LANE
OZARK, AR 72949