Arkansas Tech University

FOUNDATION SCHOLARSHIPS APPLICATION

Office of Advancement | Arkansas Tech University | Admin Bldg 209 | Russellville, AR 72801-2222 | 479-968-0400 | development@atu.edu

INSTRUCTIONS: Complete the current FAFSA (*Free Application for Federal Student Aid*) at www.fafsa.gov. The Arkansas Tech code is **001089**. When need is a determining factor for a scholarship, FAFSA results must be available in the ATU Financial Aid Office for the application to be considered. Documentation for all applications must be received by (a) November 15 (*priority deadline*); or (b) February 15 (*final deadline and Alumni Scholarship deadline*). Application packets must include a letter from the applicant (*see below for details*) and three letters of recommendation from High school counselor, principal, teach, Arkansas Tech faculty (*current Tech students only*), pastor, employer, or someone familiar with your work ethic and family situation. Return completed application packets to: Arkansas Tech University Foundation, Scholarship Administrator, 1509 N Boulder Avenue Adm. 209, Russellville, Arkansas 72801-2222.

Date of Birth				Student ID T						
Legal Name (please p		Middle					Last			
Permanent Mailing	Address									
Street Address or PO E	Вох		Cit	У				State		Zip
Home Number			Cell Num	nber				C	ounty	
Email Address										
For year of application O Entering Freshm	Have you do	u declared a major?			Are you planning to be a full time student?		Do you plan on remaining in Arkansas after Graduation?			
O Freshman	O Senior	O les	0110			O Yes	O No		O Yes	O No
O Sophomore If yes		If yes, please	es, please list major & area of interest:							
Number of family m	embers at home (in	clude yourself)	н	low many i	mmediate fam	ily will be atte	ending colleg	e? (incl	ude yourself)	
Are you a single par	from a single parent far	family? Do you speak more than one language?			Are	Are you receiving any other scholarships?				
O Yes O No	o Yes	O No		O Yes	O No		ΟY	'es	O No	
Did your father/mother/step-parent/legal guardian graduate or complete at least one year at Arkansas Tech? *required to be considered for Alumni Scholarship				f yes, what	anguage(s)?		If ye	s, please	list:	
O Father O Mother			А	re you ma	ried?					
If so, please list names (maiden name, if applicable) and year of graduation or attendance:			C) Yes	O No					
1. Give a brief de that you woul 2. What are you 3. Please list any	escription of clubs, I d like the selection r career goals and h r special circumstar	ch a letter including you eadership positions, hor committee to know. low do you plan on achie aces in your family that y eans to you and how you	nors, awards, eving them? ou feel should	achieveme	ered by the sel	ection comm		ent		

I certify that the information above is true and correct to the best of my knowledge. I understand that my application will be considered for all scholarships for which I fulfill the criteria requirements through the Arkansas Tech University Foundation. By signing this application, I authorize Arkansas Tech University Foundation employees and selection committees to access student records, FAFSA information, etc., as well as to distribute the completed application and disclose the information therein to members of the scholarship committee, other campus departments, the donor or a family representative.

Application will not be considered without a signature.

Applicant's Signature	Date	
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The Arkansas Tech University Foundation is committed to the policy of providing equal opportunity for all persons and does not discriminate in scholarship recipient selection on the basis of color, sex, sexual orientation, gender identity, race, age, national origin, religion, veteran status, genetic information, or disability.