## **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					
<b>Legal Name</b> (please p		Middle				Last			
Permanent Mailing	Address								
Street Address or PO L	Box		City _				State		Zip
Home Number			Cell Number				Co	ounty	
Email Address									
For year of application, I will be:  O Entering Freshman O Junior		Have you de	Have you declared a major?  O Yes  O No		Are you planning to be a full time student?				lan on remaining in safter Graduation?
O Freshman	O Senior	O Tes	0 110		O Yes	O No		O Yes	O No
O Sophomore		If yes, please	list major & area o	f interest:					
Number of family m	embers at home (ind	clude yourself)	How r	nany immediate fam	nily will be atte	ending colleg	e? (inclı	ude yourself)	
Are you a single par	from a single parent far	nily? Do yo	Do you speak more than one language?		Are	Are you receiving any other scholarships			
O Yes O No	o Yes	O No	O Ye	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			If yes,	what language(s)?		If ye	s, please	list:	
O Father O Mother			Are yo	Are you married?					
If so, please list names (maiden name, if applicable) and year of graduation or attendance:			O Yes	O No					
1. Give a brief de that you woul 2. What are you 3. Please list any	escription of clubs, le d like the selection o r career goals and ho special circumstand	ch a letter including you eadership positions, hon committee to know. ow do you plan on achie ces in your family that you ans to you and how you	ors, awards, achieving them?	evements, and comn	lection 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.