



**ARKANSAS TECH UNIVERSITY-OZARK CAMPUS
SCHOLARSHIP APPLICATION**
AWARDED BY THE SEMESTER (MAY REAPPLY EACH SEMESTER)
DEADLINES: FALL – JUNE 15; SPRING – NOV. 15; SUMMER – MAY 1

Semester Applying For: Fall: Spring: Summer Year _____ **Returning Ozark Campus student? Y / N**

Name: _____ Birthdate: _____ T#: _____

Address: _____

City _____ State _____ Zip _____ Telephone #: _____

Name of High School/GED Center Attended: _____ Graduation Date: _____

Have you attended college previously? Yes ___ No ___ If yes, where? _____

Have you obtained a Certificate or Degree? Yes ___ No ___ If yes, please list: _____

Marital status: Single _____ Married _____ Number of Children _____

Are you currently employed? Yes ___ No ___ If yes, where? _____

Please submit the following required information (preferably typed) with this application:

- A)** A letter of application outlining your career goals, your academic and personal accomplishments and any extracurricular activities in which you are involved (1 page maximum);
- B)** A letter of recommendation from a teacher, employer, high school counselor or someone in your community.

Note: All applicants need to complete the FAFSA (Free Application for Federal Student Aid) prior to applying for this scholarship. More information is available online at atu.edu/ozark/financialaid and fafsa.ed.gov.

All applicants need to have applied and been accepted for admission to Arkansas Tech-Ozark Campus in order to be considered for an Arkansas Tech-Ozark Campus Scholarship.

Signature

Date

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

***Incomplete or late applications will not be considered.**