



## Scholarship Recipient Profile

Please fill out the following as applicable. This information will be used for a press release and sent to the individual(s) who have made your scholarship possible.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ High School: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Newspaper: \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Extracurricular Activities, Clubs or Organizations: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Why is this scholarship important to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your long-range goals or plans after graduation? (Please be specific and thorough.) \_\_\_\_\_

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\_\_\_\_\_

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Why did you choose Arkansas Tech-Ozark? \_\_\_\_\_

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I agree by accepting my scholarship that I will complete all of the requirements of this scholarship which include but are not limited to: completing the Free Application for Federal Student Aid (FAFSA), and enrolling in at least 12 credit hours per semester. I understand that failure to complete any of the scholarship requirements will result in forfeiture of my scholarship funds.

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Signature

Date

If you have any questions, please contact the:

**Office of Financial Aid**  
(479) 667-3111  
Ozark.finaid@atu.edu

**Arkansas Tech University-Ozark Campus**  
**1700 Helberg Lane**  
**Ozark, AR 72949**