

**Arkansas Drug Court Program Scholarship
Scholarship Application**

BACKGROUND:

Each academic year, Arkansas State University-Newport will award scholarships not to exceed a total of \$6,000 per fiscal year to students who have successfully completed the Arkansas Drug Court Program. Award amounts are contingent on availability of funding and number of applicants per fiscal year.

ELIGIBILITY REQUIREMENTS:

- Admitted ASU-Newport Student
- Eligible for Federal Financial Aid-Making Satisfactory Academic Progress
- Completed Drug Court Program

APPLICATION REQUIREMENT:

- Completed Student Information Sheet
- Applicants must write an essay (200-250 words) about their goals beyond earning their credential(s) from ASU-Newport. (Note: Include the word count at the bottom of the essay.)
- Recommendation letter from Drug Court Coordinator
- Applicants must complete the current year's FAFSA. (ASUN School Code: 042034)

AWARD AMOUNT:

Award amounts will vary depending on number of applicants and availability of funds.

RENEWAL REQUIREMENTS:

Students must have a 2.50 cumulative grade point average (GPA) and pass 67% of their courses (PACE). The scholarship is renewable for the length of the program as long as the required cumulative GPA and PACE are met. Academic progress will be verified at the end of each term of enrollment by the ASUN financial aid office.

OTHER INFORMATION:

First selection will be given to students who do not receive other forms of financial assistance.

APPLICATION DEADLINE: Fall 2017: June 1, 2017

To apply, submit the following completed student information page, recommendation letter, and essay to the address below:

**ASU-Newport Financial Aid Office
Attention: Pam Smith
7648 Victory Blvd. Newport, AR 72112**

Arkansas Drug Court Program Scholarship



SCHOLARSHIP APPLICATION

Student Information

Student Name (PLEASE PRINT): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Preferred Email: _____

ASUN ID #: _____ Anticipated Semester of Enrollment: _____

Degree Intent (CHECK ONE): Technical Certificate _____ Associate of Applied Science _____

Student Signature: _____ Date: _____

FINANCIAL AID OFFICE USE ONLY

Approved _____ Not Approved _____ Award Amount: _____

Date Student was notified of the decision _____