

**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 2018: June 1, 2018

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  
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** \_\_\_\_\_