

**Jane M. Pratt Education Trust
Scholarship Application**

Background: The Jane M. Pratt Education Trust Scholarship is awarded to Jackson county residents to further their education. Mr. Bill Pratt along with his late brother, Richard, established the scholarship toward the wishes of their sister, Jane.

Application Requirements:

- Must be a graduate of a Jackson County School
- Must be enrolled on the ASU – Newport Campus
- Applicants must have a provable financial need reflecting a taxable family income of not more than fifty thousand (\$50,000.00) (Family IRS taxable income) Or IRS acceptable if income is larger or the family exceeds four (4) in number.
- Applicants must have a high school grade average of "C" (2.0 or higher)
- Applicants shall be considered based on extra-curricular activities in high school and civic, church, charitable areas, etc.
- Applicants must complete the current year's FAFSA. (ASUN School Code: 042034)

Award Amount: \$500.00 per semester

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 one additional semester 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:

- Recipient is required to include a letter of thanks or thank you cards (2) addressed to the Pratt Family as acceptance of the scholarship.

Application Deadline: Fall 2018: June 1, 2018

To apply, complete the following information and send to:

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



SCHOLARSHIP APPLICATION

Jane M. Pratt Educational Trust Scholarship Application

Applicant Name _____

Home Address _____
Street Address or P.O. Box address

City _____ State _____ Zip _____

Social Security # ___ / ___ / _____ Age _____ Married ___ Y ___ N

Number of Dependents _____ Phone # () _____ Cell # () _____

High School you graduated from _____ Year Graduated _____

High School GPA _____ ACT score _____

Received GED from _____ Year _____

I plan to enroll in approximately _____ hours per semester.

I plan to work _____ per semester and hope to earn approximately _____ per week.

If working, list employer _____.

Planned course of college study _____.

List other sources of financial aid expected to be received for the semester.

List some of your community, church or volunteer activities or clubs.

Date of Application ___/___/___ Signature _____

OFFICE USE ONLY

Approved _____ Not Approved _____ Award Amount: _____

Date Student was notified of the decision _____