

**Arkansas State University-Newport
Sydney Sutherland Memorial
Scholarship Application**

Background: The Sydney Sutherland Memorial Scholarship is a \$500.00 renewable scholarship to be awarded to an Arkansas State University-Newport Health Professions student. The scholarship is designed to help meet the educational needs of students who demonstrate financial need. These funds may be applied toward tuition, fees, testing, and/or books.

Application Requirements:

- The applicant must have a minimum cumulative high school or college GPA of 2.50.
- The applicant must be seeking a degree in the Health Professions Industry with a preference given to students seeking a nursing degree.
- The applicant must be enrolled in a minimum of 6 credit hours.
- The applicant must write an essay (200-250 words). SEE BELOW.

Award Amount: \$500.00 per semester

Renewal Requirements:

- The scholarship is renewable in the amount of \$500.00 for one additional semester if the student has maintained a 2.5 cumulative grade point average (GPA) and is enrolled in 6 credit hours.

Other Information:

- All scholarship awards are contingent on availability of funds.
- The fund is administered by Arkansas State University - Newport.

Application Deadline: Spring 2021: January 22

Questions: Email scholarships@asun.edu or call 1-800-976-1676

To apply, complete the following information and attach the essay, and send or email to:

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

**Sydney Sutherland
 Memorial Scholarship Application**

Name _____

Address _____ City _____

State _____ Zip _____ Telephone # _____

Email (Personal) _____ Email (ASUN) _____

Are you an admitted Arkansas State University-Newport student? ____ Yes ____ No

What term do you plan to enroll in courses at ASU-Newport? ____ Fall ____ Spring

Enrollment Plan

Complete the Enrollment Plan.

Term	Year	Number of Hours Enrolled
Spring	2021	
Fall	2021	

Essay

Please use the space below to write a statement of why you have chosen healthcare as your profession.

Applicant's Signature _____ **Date** _____

Your signature authorizes release of information concerning your scholarship application and any award that might be made. ASU-Newport is an equal opportunity institution and will not discriminate on the basis of race, color, religion, sex, nation origin, age, handicap, or other unlawful factors in employment practices or admission and treatment of students.

OFFICE USE ONLY

Approved _____ Not Approved _____ Award Amount: _____

Date Student was notified of the decision _____