

SCHOLARSHIP APPLICATION

Arkansas State University-Newport Dr. James and Laura Jane Collier Health Professions Scholarship Application

Background: The Dr. James and Laura Jane Collier 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.
- 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: Fall 2021: September 2

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







Dr. James and Laura Jane Collier Health Professions Scholarship Application

Name					
Address		City			
State	Zip	Telephone #			
Email (Personal)		Email (ASUN)			
Are you an admitt	ed Arkansas Stat	te 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	2022	
Fall	2021	







Essay

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

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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_____

