

**RETURN APPLICATION, RELEASE FORM AND
ESSAY ONLY – DO NOT RETURN GUIDELINES**

**APPLICATION
DEADLINE-
MARCH 15**

**Northeast Arkansas Higher Education
Charitable Foundation**

MEDALLION SCHOLARSHIPS

**NORTHEAST ARKANSAS HIGHER EDUCATION CHARITABLE FOUNDATION
(NEAHECF) ADMINISTERS FUNDS FOR MEDALLION S C H O L A R S H I P S .**

ELIGIBILITY GUIDELINES

- 1.Those who are Medallion Foods (Shearer's) employees
- 2.Those who are dependents of Medallion Foods (Shearer's) employees
- 3.These first two groups may be awarded at the institution of their choice
- 4.Current high school seniors WHO WILL BE ATTENDING ASU-NEWPORT

**IF YOU ARE NOT IN ONE OF THESE CATEGORIES DO NOT SEND IN THIS
APPLICATION**

**PRIMARY CONSIDERATION WILL BE GIVEN TO APPLICATIONS RECEIVED ON OR
BEFORE MARCH 15**

GUIDELINES

- I. Candidates for scholarships will be identified and presented to the NEAHECF, who will make the final decision based on available funds.
- II. Applications will not be considered without being fully completed as to personal and financial information.
- III. All funds will be sent to the institution for the education of the selected applicants.
- IV. Educational assistance may be used for tuition, fees, or course related textbooks. Any remaining funds will be refunded to the NEAHECF.

INSTRUCTIONS

- I. All portions of the application must be completed in full in order for you to be considered. If for some reason you cannot complete all portions, please include a brief explanation.
- II. Be sure to enter the number of credit hours you plan to take for every semester of the upcoming school year.
- III. Submit an essay. Include such things as goals, financial, health, or any other circumstances that they influence your ability to further your education.
- IV. Sign and date the Authorization to Release Records/Information Form
- V. Mail your completed application to: NEA Higher Education Charitable Foundation
P.O. Box 189
Newport, AR 72112

APPLICATION

Applicant's Name: _____

Home Address: _____

Street City County State Zip Code
Phone: _____ Social Security #: _____ Age: _____

Institution You Wish to Attend: _____

(Medallion employees enter the institution of your choice/All other applicants enter ASU-Newport)

City _____ State _____

(Address of the institution)

Date You Will Begin Studies: _____

(Indicate all the terms and the credit hours you plan to take for the entire school year)

Summer I 20 _____ Projected Hours _____ Summer II 20 _____ Projected Hours _____

Fall 20 _____ Projected Hours _____ Spring 20 _____ Hours Enrolled _____

Course of Study: _____

Parent or Guardian: _____

(only if applicable, minors or dependent status)

Address _____ City _____ State _____ Zip _____

Number of Family Members Enrolled in Further Education (including applicant) _____

High Schools Attended (give dates) _____

High School GPA _____ Class Rank _____

ACT Score _____ Date Taken _____ SAT Score _____ Date Taken _____

Last School Attended (give dates) _____

(Post high school students attach a copy of most recent semester's grades.)

EXTRACURRICULAR ACTIVITIES

List School and Community Activities You Participated In and For How Long: _____

SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

Most Current Annual Family Income

*Father's Employer: _____ Income: \$ _____

*Mother's Employer: _____ Income: \$ _____

Your Employer: _____ Income: \$ _____

Spouse's Employer: _____ Income: \$ _____

Other Income: _____ Income: \$ _____

_____ Income: \$ _____

_____ Income: \$ _____

*Must be completed for all students qualifying as a dependent

Scholarships Past or Present/Awarded or Applications Submitted

Donor: _____ Amount/Date: \$ _____

Donor: _____ Amount/Date: \$ _____

Donor: _____ Amount/Date: \$ _____

Grants Awarded or Applications Submitted For Current Year

Donor: _____ Amount/Date: \$ _____

Donor: _____ Amount/Date: \$ _____

Donor: _____ Amount/Date: \$ _____

Loans For Current Year (Continuing college students only)

Lender: _____ Amount: \$ _____

Lender: _____ Amount: \$ _____

Lender: _____ Amount: \$ _____

Government Assistance Programs (Welfare, VA, Rehab, Career Pathways, etc.)
Currently Being Received or Expected to Receive

Program: _____ Amount/Date: \$ _____

Program: _____ Amount/Date: \$ _____

Program: _____ Amount/Date: \$ _____

FAMILY STATUS

Are you married? Yes _____ No _____

Names and Ages of Dependent Children, if any:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

ESSAY ASSIGNMENT

PLEASE WRITE AN ESSAY (ON A SEPARATE PAGE) ABOUT YOUR DESIRE FOR ADDITIONAL EDUCATION AND ITS IMPORTANCE TO YOU, YOUR SHORT AND LONG TERM GOALS, AND ANY OTHER INFORMATION CONCERNING YOUR FINANCIAL OR FAMILY SITUATION THAT MAY BE PERTINENT TO THE SELECTION COMMITTEE.

By signing this application, I hereby pledge that all the information on this form to be true and correct to the best of my ability. If I am awarded a Medallion Scholarship, I hereby authorize Medallion Foods/Northeast Arkansas Higher Education Charitable Foundation (NEAHECF) to send scholarship funds directly to the institution I have designated on this application. By accepting a scholarship, I authorize Medallion Foods/NEAHECF and/or ASU-Newport to use my name for promotional purposes.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE
(if applicant is under 18 years of age)

DATE

If you have any questions concerning completion of this application, contact your guidance counselor or financial aid officer.

NORTHEAST ARKANSAS HIGHER EDUCATION
CHARITABLE FOUNDATION, INC.
POST OFFICE BOX 189
NEWPORT, AR 72112

AUTHORIZATION FOR RELEASE OF RECORDS
(Please Print or Type)

I, _____, _____,
Student's Name *SSN*

authorize the release of my grades and other academic information on file with ASU-
Newport and/or my High School to NEA Higher Education Charitable Foundation.
These records are required for funding of

- Medallion Foods Scholarship
- NEA Higher Education Charitable Foundation Scholarships

Student Signature Date

Parent Signature Date
(if student is under 18 years of age)