**RETURN APPLICATION, RELEASE FORM, AND ESSAY ONLY – DO NOT RETURN THIS COVER PAGE**

# APPLICATION DEADLINE is

# ~~AUGUST 1~~ EXTENDED TO FRIDAY, AUGUST 13

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN THE DATE ABOVE.
IF SENDING VIA US MAIL, PLEASE ALLOW PLENTY OF TIME FOR DELIVERY.

Priority may be given to applicants meeting the original application deadline.

***THIS DEADLINE FOR RECEIPT OF APPLICATION APPLIES TO BOTH FALL AND SPRING TERMS IN THE UPCOMING SCHOOL YEAR***

# Northeast Arkansas Charitable Foundation (NEACF)

## PRIVATE DONOR NAMED SCHOLARSHIPS

The NEACF administers Named Scholarships on behalf of private donors. The number and amount of the scholarships are always dependent on the availability of funds. Students will complete this one application for all of the private donor scholarships.

## ELIGIBILITY GUIDELINES

- All students attending ASU-Newport are eligible to apply
- Priority will be given based on need, specific donor guidelines, and/or scholastic achievement.

# GUIDELINES

I. Candidates for scholarships will be identified and presented to the NEACF, who will make the final decision based on available funds and eligibility criteria.

II. Students who are awarded scholarships may reapply for assistance in subsequent years. However, based on available funds, the number of scholarships for repeat applicants may be limited.

III. Applications will not be considered without being fully completed as to personal and financial information.

IV. All funds will be sent to ASU-Newport.

V. Educational assistance may be used for tuition, fees, or course related textbooks. Any remaining funds will be refunded to NEACF.

## 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 Charitable Foundation
P.O. Box 189
Newport, AR 72112

Applications may also be emailed in a **PDF format only** to
neacharitablefoundation@gmail.com

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## NEACF PRIVATE DONOR NAMED SCHOLARSHIP APPLICATION FOR ASU-NEWPORT ONLY

Applicant's Name: _____

Home Address: _____

Phone: _____ Last 4 Digits of SSN or Student ID: _____ Age: _____

City _____ County _____ State _____

Email _____

Phone _____

Dates You Will Attend ASU-Newport:
(Indicate all the terms and the credit hours you plan to take for the entire school year)
Fall 20 _____ Projected Hours_____ Spring 20_____ Projected Hours _____

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 School(s) 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 from college)

### 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 Awarded or Applications Submitted for Current and Upcoming Year

Donor: _____ Amount/Date: $_____ _____

Donor: _____ Amount/Date: $ _____ _____

Donor: _____ Amount/Date: $ _____ _____

Grants/Financial Aid Awarded or Applications Submitted For Current and Upcoming Year

Donor: _____ Amount/Date: $_____ _____

Donor: _____ Amount/Date: $_____ _____

Donor: _____ Amount/Date: $_____ _____

Loans For Current Year (Continuing college students only)

Lender: _____ Amount: $_____

Lender: _____ Amount: $_____

Lender: _____ Amount: $_____

## 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 Private Donor Named Scholarship, I hereby authorize NEACF to send scholarship funds directly to ASU-Newport. By accepting a scholarship, I authorize NEACF and/or ASU-Newport to use my name for promotional purposes.

_____ _____

APPLICANT'S SIGNATURE DATE

_____ _____

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

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

## AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

***(Please Print or Type)***

I, _____, _____,
*Applicant's Name* *First 4 Digits of SSN or Student ID*
authorize the release of my grades and other information on file with my High School and/or Colleges/Universities to Northeast Arkansas Charitable Foundation.

_____ _____
*Applicant's Signature* *Date*