

NORTHEAST ARKANSAS CHARITABLE FOUNDATION

PRIVATE DONOR NAMED SCHOLARSHIP APPLICATION

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

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NORTHEAST ARKANSAS CHARITABLE FOUNDATION

Private Donor Named Scholarship Application

GUIDELINES

1. Candidates for scholarships will be identified and presented to the NEACF, who will make the final decision based on available funds and eligibility criteria.
2. 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.
3. Applications will not be considered without being fully completed.
4. Educational assistance may be used for tuition, fees, course related textbooks, or room & board (if living on campus).

INSTRUCTIONS

1. All portions of the application must be fully completed to be considered. If for some reason you cannot completed all portions, please include a brief explanation.
2. Be sure to enter the number of credit hours you plan to take for every semester of the upcoming school year.
3. All applicants must submit an essay.
4. Sign and date the Authorization to Release Records/Information Form.
5. Email you application in an PDF format to neacharitablefoundation@gmail.com.

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**NORTHEAST ARKANSAS CHARITABLE FOUNDATION
PRIVATE DONOR NAMED SCHOLARSHIP APPLICATION**

PERSONAL INFORMATION:

Applicant's Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Last 4 Digits of SSN or Student ID (for College): _____ Date of Birth: _____

EDUCATIONAL BACKGROUND AND GOALS:

High School: _____ Graduation Date (Month/Year): _____

High School Cumulative GPA: _____ ACT Superscore: _____ Class Rank: _____ of _____

Institution You Plan to Attend: _____

City & State of Institution: _____

Month/Year You Plan to Begin Studies: _____

Number of Hours You Plan to Take This Upcoming School Year: FALL _____ SPRING _____

Course of Study/Degree Pursued: _____

EXTRACURRICULAR ACTIVITIES & EMPLOYMENT

List School and Community Activities in which you Participated and for How Long: _____

Your Employer: _____ Position: _____

Father's Employer*: _____ Position: _____

Mother's Employer*: _____ Position: _____

**Must be completed for all students qualifying as a dependent*

**NORTHEAST ARKANSAS CHARITABLE FOUNDATION
Newport, Arkansas**

AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

(Please Print or Type)

I, _____, _____,
Applicant's Name Last 4 Digits of SSN or STUDENT ID

authorize the release of my grades, transcript, and other information on file with my High School and/or Colleges to Northeast Arkansas Charitable Foundation.

Applicant's Signature Date

Parent/Guardian's Signature Printed Name Date
(if applicant is under 18 years of age)