# 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**

- 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 <a href="mailto:neacharitable-foundation@gmail.com">neacharitable-foundation@gmail.com</a>.

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

### Applicant's Name: City: \_\_\_\_\_ 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: \_\_\_\_\_ of \_\_\_\_ 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

PERSONAL INFORMATION:

#### **FINANCIAL INFORMATION**

List all forms of financial aid and/or scholarships and the \$ amounts you have applied for (or plan to apply for) this upcoming school year.

PARENT/GU	ARDIAN'S SIGNATURE	PRINTED NAME	DATE
APPLICANT'	S SIGNATURE	PRINTED NAME	DATE
best of my Foundation	ability. If I am awarded a schola (NEACF) to send scholarship funds o	t all the information on this form to be tourship, I hereby authorize the Northeast directly to the institution I have designated in the institution of the for promotion of the institution of the institu	t Arkansas Charitable ed on this application
CERTIFICAT	TION		
education ar	nd its importance to you, your short-	ut yourself and your interests, your desire - and long-term goals, and any other circur or that may be pertinent to the selection c	nstances that may
ESSAY ASSI	GNMENT		
Lender:		Amount: \$	
Lender:		Amount: \$	
	Expected Loa	ans for Upcoming School Year	
Donor:		Amount: \$	
		Amount: \$	
Donor:		Amount: \$	
		Applications Submitted for Upcoming Scho	
		Amount: \$	
		Amount: \$	
		Amount: \$	
Donor:		Amount: \$	
	Scholarships Awarded or App	lications Submitted for Upcoming School \	'ear

(if applicant is under 18 years of age)

### NORTHEAST ARKANSAS CHARITABLE FOUNDATION Newport, Arkansas

#### **AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION**

(Please Print or Type)

,		
Applicant's Name	Last 4 Digits of SS	N or STUDENT ID
authorize the release of my grades, transcribing School and/or Colleges to Northeast  Applicant's Signature	<b>-</b> '	•
Parent/Guardian's Signature (if applicant is under 18 years of age)	Printed Name	Date