

**Arkansas State University-Newport  
Three Rivers Healthcare and Rehabilitation  
Scholarship Application**

**Background:** The Three Rivers Healthcare and Rehabilitation Scholarship fund will support the awarding of one (1) \$1000.00 scholarship to Arkansas State University-Newport student at the Marked Tree site each fall and spring semester. Applicants must be enrolled in a healthcare program at ASUN, specifically the LPN and/or CNA career path.

The scholarship is designed to help meet the educational needs of students who demonstrate financial need. These funds can be applied toward tuition, fees, 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 certification in the Licensed Practical Nurse (LPN) and/or the Certified Nursing Assistant (CNA) career path.
- The applicant must be enrolled in a minimum of 6 credit hours.
- Preference will be given to applicants seeking LPN certification and interested in the care of the elderly.
- The applicant must be a resident of Poinsett County, AR, and attend the ASUN Marked Tree campus.
- The applicant must submit a brief summary of his/her educational plans and goals and why you have chosen a career path in healthcare.

**Award Amount:** \$1,000 per semester

**Renewal Requirements:**

The scholarship is renewable provided for one additional semester for \$1,000.00 if the awardee maintains a 2.50 overall GPA and has not dropped or failed any classes.

Note: The fund is administered by Arkansas State University - Newport.

**Other Information:**

- Scholarships are awarded in the order they are received.
- All scholarship awards are contingent on availability of funds.
- A copy of student's high school transcript must be returned with application.

**Application Deadline:** Spring 2018: January 26, 2018

**Questions:** Email [scholarships@asun.edu](mailto: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 7211**

**Arkansas State University-Newport  
 Three Rivers Healthcare and Rehabilitation  
 Scholarship Application**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Email (Personal) \_\_\_\_\_ Email (Asun) \_\_\_\_\_

Are you an admitted Arkansas State University-Newport student? \_\_\_\_\_ Yes \_\_\_\_\_ No

What term do you plan to enroll in courses at ASU-Newport? \_\_\_\_\_ Fall \_\_\_\_\_ Spring

**Enrollment Plan**

Please complete the Enrollment Plan.

Term	Year	Number of Hours Enrolled
Spring	2018	
Summer I	2018	
Summer II	2018	
Fall	2018	

**Interest Area**

Please check the area of nursing you are most interested.

Area	Most Interested
Long-Term Care	
Elderly	

