James and Maude Ryburn Memorial Scholarship
Southeast Arkansas College
Financial Aid Office
1900 Hazel St.
Pine Bluff, AR 71603
870-543-5909

Scholarship Application Deadline
This application is to be returned to the Southeast Arkansas College Financial Aid Office by July 29, 2013.

Scholarship Eligibility
Recipients will attend SEARK College as an enrolled full-time student (traditional or nontraditional) in the fall 2013 semester. Preference will be given to students residing in the SEARK College service area that includes Jefferson, Cleveland, Desha, Drew, Grant and Lincoln counties. Recipient must have a high school diploma or GED and a cumulative grade point average of 3.00 or above and an ACT score of 19 (or the equivalent COMPASS Score). Financial need, community leadership, and potential to succeed are the primary factors considered, although none shall be a determining factor.

Scholarship Purpose
The scholarship may be used for valid school related expenses to further the recipient’s education at SEARK College, Pine Bluff, Arkansas.

Scholarship Renewability
This scholarship is renewable for the spring semester, contingent on the successful completion of the fall semester. (Must complete 75% of the hours attempted with a 3.00 GPA and no grades below a C.

With the application, students must enclose the following items:

- A complete high school transcript (and to-date college transcript if applicable)
- Two letters of recommendation, in separate sealed envelopes. The recommendations should be from teachers or community leaders.
- A full page, typed essay telling why you are applying, your qualifications, and your educational and career goals, including how you will benefit from a higher education.
Please read the following application carefully and complete all blanks legibly. If information is not applicable, please note and explain why on the application or in an attachment.

Applicant’s Name: ________________________________

Date of Birth ______________________ Social Security Number: ______________________

Address: ________________________________ Phone Number: (______)_______

________________________________________ E-Mail: ______________________

________________________________________ Number of Dependents:

Parents' names and Addresses

_____________________________ _________________ ______________________

_____________________________ _________________ ______________________

No. of persons in household: ____ (include yourself, parents, children, siblings who live with you)

Siblings or dependents in college (please name school):

_____________________________ _________________ ______________________

_____________________________ _________________ ______________________

College you plan to attend: Must Be SEARK College

Planned course of study: ________________________________

Classification for next semester (freshman, sophomore, etc.): ________________________________

Planned enrollment status and semester hours:

☐ Full Time ☐ Part-time

Number of hours you plan to carry: ________

Current High School or College ________________________________

Class size and class rank: ________________________________

High School or College cum. GPA: (example: 3.85/4.00) ________

College admission test score (ACT, SAT or COMPASS): ________
List, with dates, all high schools and colleges or trade schools attended including your present school (beginning with most current)

________________________________________________________________________________________

List school and/or community activities in which you have participated (attach sheet if needed)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

FINANCIAL INFORMATION:
Expected Annual College Expenses

Tuition/Fees: $____________________ Room/Board: $_______________________

Books & Supplies: $_________________ Personal Expenses & Other: $__________________

Total $________________ per school year

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<th>Most Recent Tax Return (annual)</th>
<th>Estimated for This Year (annual)</th>
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INCOME INFORMATION

Gross Income of Parents/Guardians: $_________________

Your adjusted Gross Income: $_________________

List all expected sources of financial supporting regarding your education, including scholarships, financial aid, and parental or familial support (list source and annual amount)
(Example: Parents, $2,000 per year; Church scholarship $1,000 one-time)

________________________________________________________________________________________

What is the scholarship amount you are requesting? ________________________________

I certify that I have read and understand the guidelines contained herein. I attest that all information I have provided in this application is true.

Signature: ___________________________ Date: ___________________________