



# SOUTHEAST ARKANSAS COLLEGE FOUNDATION STUDENT SCHOLARSHIP APPLICATION

P.O. Box 2860 | Pine Bluff, AR 71613 | 870-543-5963 | www.seark.edu

### Instructions:

Turn in completed application, with all applicable signatures to Presidents Office. A new application must be submitted each semester or as required by scholarship criteria. All students who receive a scholarship will be required to meet the Foundation Scholarship requirements listed below.

#### To apply, you must:

- 1. Have completed credit 12 hours at SEARK 2. Have a 2.0 Cumulative G.P.A at SEARK 3. Be recommended by a current Faculty Member

#### Each Scholarship Semester you must:

- 1. Enroll in at least 6 hours 2. Complete at least 6 hours 3. Make a 2.0 GPA

### Personal Information: (Please Print)

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: State: Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ SEARC Student ID# \_\_\_\_\_

SEARC Student College E-mail: \_\_\_\_\_

### Academic Information:

College: Semester for which application is being made (Circle Term) Fall or Spring and Year \_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ OIntended Major: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

### Nepotism Statement:

Are you related to a current SEARK Foundation Board of Directors or SEARK Board of Trustees member?  Yes  No

A student related to either can only receive a scholarship if exclusively based on academic merit.

If yes, please identify the Board member and the relationship: \_\_\_\_\_

### Authorization Information:

I give Southeast Arkansas College (SEARK) access my academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the SEARK Foundation. I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). I release to the SEARK Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation. I will attend required ceremonies or receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship. (Place Your Initials Here) \_\_\_\_\_

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Financial Aid Office Use Only:

Fin. Aid Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant GPA: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

#### Foundation Office Use Only:

Foundation Executive Director or Designee Signature: \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_ Date: \_\_\_\_\_