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PAST PRESIDENT  
*Lafayette County*  
*Lewisville, AR 71845*

March 22, 2017.

To: Arkansas Assessors and Staff

From: Kim Hollowell, Crittenden County Assessor

Dear Assessor's and Staff,

Several years ago the Arkansas Assessor's Association Board appropriated \$1,000.00 to go into a scholarship for Arkansas Assessor's Office employees and their intermediate family members.

This scholarship which is named the Borden-McClendon Scholarship will be given each year to an employee or family member of an Assessor's office employee. The family member could be a child, grandchild, great grandchild or a dependent of an employee in an Assessor's office in the State of Arkansas.

This scholarship is not limited to high school seniors only; it can also be for students who are already in college.

Please fill out the enclosed forms and mail these forms and any pertaining information to:

**Kim Hollowell, Crittenden County Assessor**  
**Borden McClendon Scholarship**  
**250 Pine, Ste. 1**  
**Marion, AR 72364**

The deadline for receiving this information is May 31, 2017. After reviewing this information if you should have any questions or comments please do not hesitate to call me at 1-870-739-3606.

Best Regards,  
Kim Hollowell  
Crittenden County Assessor

# **Borden-McClendon Scholarship Application**

## **Qualifications for those seeking Scholarship:**

1. Applicants **must** plan on attending or is already attending college, graduate school or other qualifying education institution.
2. Applicant **must** have a financial need.
3. Applicant **must** show academic merit.
4. Applicant **must be** or will be a high school graduate or equivalent.
5. Applicant **must be** a dependant of an employee or a grand child, great grand child of an assessor's office employee in the State of Arkansas.

## **Instructions for completing Application:**

1. Application is to be completed by applicant.
2. All parts of the application must be completed in full.
3. Please type or print in black or blue ink.
4. Attach the following to the completed application: *Without the following information, the application **will not** be processed:*
  - a. Three character reference letters.
  - b. An official transcript of courses taken along with ACT or SAT scores.
  - c. The previous years W-2 form of the parent or guardian of the applicant.
5. Send completed application with attachments to:

**Kim Hollowell, Crittenden County Assessor  
Borden McClendon Scholarship  
250 Pine, Ste. 1  
Marion, AR 72364**

6. Completed applications **must** be received by May 31, 2017 to be considered.

**BORDEN-MCCLENDON**  
**SCHOLARSHIP APPLICATION**

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of current/last employer (if any)? \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Are you a child, grandchild, adopted child or stepchild of a current assessor's office employee?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, who? \_\_\_\_\_

Which county? \_\_\_\_\_

Relationship to the assessor's office employee: \_\_\_\_\_

Source and amount of funds available for year in which scholarship is requested:

Parents or guardians projected income: \$ \_\_\_\_\_

Own projected income: \$ \_\_\_\_\_

Scholarships (current or anticipated): \$ \_\_\_\_\_

Government Grants: \$ \_\_\_\_\_

Personal Savings: \$ \_\_\_\_\_

Other (i.e. spouse income): \$ \_\_\_\_\_

Educational Institution Applicant is now attending:

Institution Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Major: \_\_\_\_\_ Grade Point (on a 4.0 scale): \_\_\_\_\_

Highest ACT or SAT Score: \_\_\_\_\_

Academic Classification (check one)

\_\_\_\_\_ High School Senior

\_\_\_\_\_ College Junior

\_\_\_\_\_ College Freshman

\_\_\_\_\_ College Senior

\_\_\_\_\_ College Sophomore

\_\_\_\_\_ Graduate Student

Educational Institution in which enrollment is desired:

Institution Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Amount of tuition/fees per semester: \$ \_\_\_\_\_

*By my signature, I hereby authorize the Arkansas Assessor's Association or its agents to make inquiry as to my enrollment status at the educational institution noted above and to seek reimbursement of scholarship funds should I fail to attend a qualifying educational institution.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Please list all civic and social clubs and the years you serviced you are active in or have participated in during high school. Please include student government, community volunteer organizations and clubs outside school.

**School Related Organizations:** *(example: FBLA, Student Government, FFA, Beta Club, etc.....)*

<b>Organization</b>	<b>Years</b>	<b>Organization</b>	<b>Years</b>
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

**School Related Athletics:** *(example: Football, Basketball, Baseball, Softball, Tennis, Golf, etc.....)*

<b>Sport</b>	<b>Years</b>	<b>Sport</b>	<b>Years</b>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**Community Related Activities:** *(example: Volunteering for helping the needy, candy striper, etc...)*

<b>Activity</b>	<b>Years</b>	<b>Activity</b>	<b>Years</b>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

*(Please use the other side of this sheet if more space is needed.)*