



# ASSOCIATION OF ARKANSAS COUNTIES SCHOLARSHIP APPLICATION

The Association of Arkansas Counties (AAC) established its Scholarship Trust in 1985 to provide college financial assistance to the children, stepchildren and grandchildren of Arkansas county and district officials and employees. AAC has since awarded nearly a quarter of a million dollars in scholarships.

Along with the AAC, the following county associations contributed to the scholarship trust in 2019: The County Judges Association of Arkansas, the Arkansas County Clerks Association, the Arkansas Circuit Clerks Association, the County Collectors Association of Arkansas, the Arkansas County Treasurers Association, the Arkansas Coroner's Association, the Arkansas Sheriff's Association, the Assessors Association of Arkansas, and the Arkansas Association of Quorum Courts.

## Qualifications for those seeking scholarship:

- Applicants must plan to attend or already attend a college, graduate school or other qualifying education institution.
- Applicant must have a financial need.
- Applicant must have a current grade point average of 3.0 or above and a minimum ACT score of 18.
- Applicant must be or will be a high school graduate of the state of Arkansas.
- Applicant must be a child, grandchild, adopted child, or stepchild of a current or retired county employee of Arkansas.

## Instructions for completing application:

- Download the application at [www.arcounties.org](http://www.arcounties.org).
- Application is to be completed by applicant.
- All parts of the application must be completed in full.
- Please type or print in black or blue ink.
- Attach the following information to the completed application. Without the following information, application will not be processed:
  1. Three (3) character reference letters, one from a county employee other than a relative.
  2. An official transcript of courses taken along with ACT/SAT scores.
  3. A biographical statement, including family and educational background, financial need, work history and other pertinent information about yourself.

**Send completed application with attachments to:**

**Scholarship Trust  
Association of Arkansas Counties  
1415 W. Third Street  
Little Rock, Arkansas 72201**

**Completed applications must be received **between January 1 and May 1, 2020**  
in order to be considered for that year's scholarship.**



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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 or retired county employee of Arkansas?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, name of relative \_\_\_\_\_  
Which county? \_\_\_\_\_ Department relative employed: \_\_\_\_\_  
Relationship to county employee: \_\_\_\_\_

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

### REQUIRED INFORMATION

Parents projected income: \$ \_\_\_\_\_  
Own projected income: \$ \_\_\_\_\_  
Scholarships (current or anticipated): \$ \_\_\_\_\_  
Government Grants: \$ \_\_\_\_\_  
Personal Savings: \$ \_\_\_\_\_  
Other (i.e. spouse income): \$ \_\_\_\_\_

Have you previously received assistance from the Association of Arkansas Counties Scholarship Trust? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### 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 Freshman  
\_\_\_\_\_ College Sophomore  
\_\_\_\_\_ College Junior  
\_\_\_\_\_ College Senior  
\_\_\_\_\_ Graduate Student  
\_\_\_\_\_ Other

### 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 Association of Arkansas Counties 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 \_\_\_\_\_