

# **Borden-McClendon Scholarship Application**

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

1. Applicants **must** plan on attending or are 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:

**Borden-McClendon Scholarship  
c/o Kim Hollowell  
250 Pine, Suite #1  
Marion, Arkansas 72364**

6. Completed applications **must** be received by June 5, 2020 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? \_\_\_\_\_ County Assessor's Name: \_\_\_\_\_  
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 or will be Attending:

Institution Name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Major: \_\_\_\_\_ Grade Point (on a 4.0 scale): \_\_\_\_\_  
Highest ACT or SAT Score: \_\_\_\_\_

Academic Classification (check one)

<input type="checkbox"/> High School Senior	<input type="checkbox"/> College Junior
<input type="checkbox"/> College Freshman	<input type="checkbox"/> College Senior
<input type="checkbox"/> College Sophomore	<input type="checkbox"/> 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.....)*

Organization	Years	Organization	Years
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

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

Sport	Years	Sport	Years
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

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

Activity	Years	Activity	Years
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

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