

**Collectors Association**  
**Scholarship Application**

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

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

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

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

Home Phone Number: \_\_\_\_\_ Alternate 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, who? \_\_\_\_\_

Which County? \_\_\_\_\_ Department employed: \_\_\_\_\_

Relationship to county employee: \_\_\_\_\_

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

Parents projected income: \$ \_\_\_\_\_

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

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

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

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

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

Have you previously received assistance from the Collector's Association? 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 Junior

\_\_\_\_ College Freshman

\_\_\_\_ College Senior

\_\_\_\_ College Sophomore

\_\_\_\_ 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 Collector's Association of Arkansas 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 qualifying educational institution.*

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