

# ARKANSAS CIRCUIT CLERK'S ASSOCIATION

## Scholarship Application Information

### Requirement for those seeking Scholarship:

1. Must be eligible (see below)
2. Applicant should show a financial need
3. Applicant **must** attend an accredited college or educational institution
4. Applicant **must** have 2.5 GPA or higher

### 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 transcript
5. Include verification of income

### Mail completed Application with attachments to:

Jeanie Smith  
C/O Calhoun County Circuit Clerk  
P.O. Box 1175  
Hampton, AR 71744

Applications **must be** received by **May 31** to be considered for a scholarship in the current year.

### Eligibility Requirements:

1. Active Member or retired
2. Sibling, Child, Grandchild, Stepchild, Adopted Child of Active Member
3. Any Deputy of Active Member; and
4. Sibling, Child, Grandchild, Stepchild, Adopted Child or Spouse of a Deputy of an Active Member

# ARKANSAS CIRCUIT CLERKS' ASSOCIATION APPLICATION FOR SCHOLARSHIP

1. Applicant's Name \_\_\_\_\_

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

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

Age\_\_ Single\_ Married\_ Divorced\_\_ Number of Dependents\_\_\_\_

Circuit Clerk \_\_\_\_\_ County \_\_\_\_\_

**Eligibility:** Eligible recipients for scholarship awards are as follows:

- 1) Active Member or retired;
- 2) Sibling, Child, Grandchild, Stepchild, Adopted Child, or Spouse of an Active Member;
- 3) Any Deputy of an Active Member; and
- 4) Sibling, Child, Grandchild, Stepchild, Adopted Child or Spouse of a Deputy of an Active Member

**Indicate your status to Clerk or Deputy Clerk:** Activemember\_\_ Deputy of  
Active member \_\_, Sibling \_\_, Child \_\_, Grandchild \_\_, Stepchild \_\_,  
Adopted child \_\_, Spouse \_\_

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

Place of employment \_\_\_\_\_ Salary/Wages \_\_\_\_\_

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

**Parents Projected income:** projected income \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

**Your projected income:** projected income \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Spouse Income \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_ Government grants \$ \_\_\_\_\_

3. **Educational Institution applicant is attending:**

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

Address \_\_\_\_\_

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

Major \_\_\_\_\_

**ARKANSAS CIRCUIT CLERKS' ASSOCIATION  
APPLICATION FOR SCHOLARSHIP**

**continued**

Academic Classification at time of application (check one)

High School Senior       College Freshman       College Sophomore  
 College Junior       College Senior       Graduate Student  
 Other (Please specify) \_\_\_\_\_

**4. Educational Institution in which enrollment is desired:**

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

Address \_\_\_\_\_

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

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

Expected date of completion \_\_\_\_\_

Amount of Tuition/Fees per semester \$ \_\_\_\_\_ Date payment due \_\_\_\_\_

**5. Community Involvement and Extracurricular Activities:**

_____	_____
_____	_____
_____	_____
_____	_____

**Applicant Signature** \_\_\_\_\_

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

**Clerk's Signature** \_\_\_\_\_

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

**Qualifications and Requirements:**

1. Must have 2.5 GPA or better
2. Must attend an accredited college or educational institution
3. Attach transcript-high school, college or educational institution
4. Attach verification of income
5. Applicant to complete application in full, typed or printed in blue or black ink

Six (6) Scholarships in the amount of \$750.00 will be awarded in June. They will be forwarded to the educational institution you have specified.

**Return completed application by May 31 to:**

Arkansas Circuit Clerks' Association  
C/O Jeanie Smith  
P O Box 1175  
Hampton, AR 71744