

**APPLICATION INSTRUCTIONS  
COUNTY CLERKS ASSOCIATION SCHOLARSHIP**

1. MUST BE SON OR DAUGHTER OF A COUNTY CLERK OR DEPUTY CLERK OR GRANDCHILD OF A COUNTY CLERK OR DEPUTY CLERK.
2. STUDENT MUST NOT BE CONVICTED OF A FELONY OR ANY CRIME.
3. PROVIDE SCHOLARSHIP COMMITTEE WITH A LETTER OF RECOMMENDATION.
4. MUST MAINTAIN A GRADE POINT OF 2.50 TO QUALIFY TO RECEIVE THE COUNTY CLERK SCHOLARSHIP.  
HOME SCHOOL STUDENTS MUST MEET THE MINIMUM REQUIREMENT SCORE FROM ACT OR SAT TESTS.
5. MUST PROVIDE MOST RECENT TRANSCRIPT (LAST HIGH SCHOOL OR COLLEGE ATTENDED)

**APPLICATION INSTRUCTIONS  
JIM HARRIS & ASSOCIATES**

1. MUST BE SON OR DAUGHTER OF A COUNTY CLERK OR DEPUTY COUNTY CLERK.
2. MUST BE ENROLLED AS A FULL-TIME STUDENT IN COLLEGE.
3. IF FIRST YEAR OF COLLEGE, MUST HAVE MAINTAINED A 3.0 GRADE POINT AVERAGE THROUGH HIGH SCHOOL WITH VERIFICATION ATTACHED TO APPLICATION.
4. IF APPLYING FOLLOWING FRESHMAN YEAR IN COLLEGE, MUST HAVE MAINTAINED A 3.0 GRADE POINT AVERAGE FOR THE PREVIOUS YEAR WITH VERIFICATION (TRANSCRIPT) ATTACHED TO APPLICATION.

**APPLICATIONS MUST BE COMPLETE!!  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED  
THE SCHOLARSHIP APPLICATION WILL APPLY FOR BOTH SCHOLARSHIPS**

**APPLICATION DEADLINE IS WEDNESDAY, JULY 1, 2020**

**MAIL APPLICATIONS AND ALL FORMS TO:**

**Tammy Sisson  
Franklin County Clerk  
211 W. Commercial  
Suite 1600  
Ozark, AR 72949**

**\*Checks will be mailed to student if chosen**

**COUNTY CLERKS ASSOCIATION & JIM HARRIS  
SCHOLARSHIP APPLICATION**

1. APPLICANTS NAME \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_  
AGE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ # OF DEPENDENTS \_\_\_\_\_  
ARE YOU CURRENTLY EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
NAME OF CURRENT/LAST EMPLOYER (IF ANY) \_\_\_\_\_  
\_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY/WAGES \_\_\_\_\_  
RELATIONSHIP TO COUNTY CLERK \_\_\_\_\_  
OR RELATIONSHIP TO DEPUTY COUNTY CLERK \_\_\_\_\_  
COUNTY \_\_\_\_\_

2. EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING OR PLANNING TO  
ATTEND:  
INSTITUTION: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

**ACADEMIC CLASSIFICATION  
(CHECK ONE)**

HIGH SCHOOL	COLLEGE SENIOR
COLLEGE FRESHMAN	GRADUATE STUDENT
COLLEGE SOPHOMORE	OTHER
COLLEGE JUNIOR	

3. 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 \_\_\_\_\_  
DATE TERM BEGINS \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_