



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 more than a quarter of a million dollars in scholarships.

Along with the AAC, the following county associations contributed to the scholarship trust in 2025: the County Judges Association of Arkansas, the Arkansas Circuit Clerks Association, the Arkansas County Treasurers Association, the Arkansas County Clerks Association, Arkansas Coroners Association, Arkansas Association of Quorum Courts, Arkansas Sheriffs Association, Arkansas County Tax Collectors Association, and the Arkansas County Assessors Association.

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.
- 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, 2025
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: _____ Is the employee retired? _____
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): _____

Academic Classification (check one) Highest ACT or SAT Score: _____

<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
	<input type="checkbox"/> 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 _____