

COLLECTOR'S ASSOCIATION SCHOLARSHIP APPLICATION

(Number and amount of scholarships dependent on availability of funds.)

Qualifications for those seeking Scholarship

- 1) Applicants **must** plan on attending or is already attending college, graduate school or other qualifying educational institution.
- 2) Applicant **must** have a financial need.
- 3) **Applicant must have a current grade point average of 3.0 or above and a minimum ACT score of 18.**
- 4) Applicant **must be** or will be a high school graduate of the State of Arkansas.
- 5) Applicant **must be** a child, grandchild, adopted child, or stepchild of a current or retired tax collector employee 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 blue or black ink.
- 4) Attach the following to the completed application: **Without the following information, application will not be processed:**
 - A. Three (3) character reference letters, one from a county employee other than a relative.
 - B. An official transcript of courses taken
 - C. Copy of ACT/SAT Scores
 - D. A biographical statement, including family and educational background, financial need, work history and other pertinent information about yourself.
- 5) Send completed application with attachments to:

Scholarship Committee
Arkansas Collector's Associations
Drew County Tax Collector
Tonya K Loveless
210 South Main Street
Monticello, AR 71655
- 6) Completed applications **must be** received between Jan 1st and Jun 1st to be considered for this year's scholarship.

**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: _____

You **MUST BE** a child, grandchild, adopted child or stepchild of a current or retired Arkansas County Collector's Office employee.

County Collector Employee's Name/Relationship _____

Which County? _____

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** _____