NEW HOPE YOUNG ADULT SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____ PHONE NO: _____

ADDRESS: _____ / _____ / _____ / _____
Street, Address, P.O. Box | City | State | Zip

SEX: _____ MARITAL STATUS: _____ DOB: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN
NAME & ADDRESS: _____

NO. OF CHILDREN IN FAMILY: _____ OLDER _____ YOUNGER _____ NO. IN COLLEGE _____

CURRENT GPA: _____ NO. IN CLASS: _____ CLASS RANK: _____ ACT COMPOSITE SCORE: _____

LIST OTHER APPLICATIONS SUBMITTED FOR FINANCIAL ASSISTANCE (EX. Pell Grant, State Scholarship, etc.) _____

_____

_____

LIST ACTIVITIES AND.OR OFFICES HELD IN SCHOOL AND CIVIC ORGANIZATIONS:

_____

_____

_____

LIST MAJOR FIELD OF INTEREST:

_____

WRITE A BRIEF BIOGRAPHICAL SKETCH (include past accomplishments and future aspirations) – ATTACH EXTRA SHEETS IF NEEDED

_____

_____

_____

_____

_____ _____
Applicant's Signature Parent/Guardian Signature

NOTE: Send completed application, copy of transcript and 2 letters of recommendation to : Dr. Rebecca Lochmann, Department of Aquaculture & Fisheries; 1200 North University Drive, Mail Slot 4912, University of Arkansas at Pine Bluff, AR. 71601.

COMPLETED APPLICATIONS ARE DUE FEBRUARY 18 each year – Must be enrolled in 12 or more hours in the semester that the award is received and the following semester.