

JOHN R. HOWELL, DC MEMORIAL SCHOLARSHIP

This scholarship is \$500.00 and will be awarded once per year, through a Blind Selection Process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

SCHOLARSHIP CRITERIA:

1. Must be from the state of Arkansas
2. Must be in trimester 6-9 (during Spring 2013)
3. Cumulative GPA of 2.0 or higher
4. Must be able to attend the awards ceremony and lunch on Tuesday, February 26, 2013

APPLICATION CRITERIA:

1. Completed application in full detail
2. Complete a short personal story about your life and future goals (please provide **only** your student identification number, no name, in the upper right hand corner)

Completed applications (including all of the above) must be received in the Financial Aid Office by **Friday, February 1, 2013 at 3 p.m.** Scholarship recipients will be required to write a personal letter of thanks to the individual or group that mad this scholarship available.

NAME _____ TRI. # _____

STUDENT IDENTIFICATION NUMBER _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL PHONE NUMBER _____ CELL PHONE _____

EMAIL _____

NAMES OF INDIVIDUALS RESIDING AT PERMANENT ADDRESS _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT PHONE NUMBER _____

SIGNATURE _____ DATE _____

(OVER)

FOR OFFICE USE ONLY:

TRI_____ GPA_____ SHORT STORY_____

ARKANSAS NATIVE_____

2012-2013 EFFECTIVE FAMILY CONTRIBUTION (EFC)_____

(The dollar amount the Department of Education has determined the student is able to pay toward their cost of education)

AMOUNT OF FINANCIAL AID FOR TRIMESTER_____

UNMET NEED_____

THANK YOU LETTER_____ PHOTOGRAPH_____