



It's a Matter of Trust

### College Scholarship Application

#### Applicant Information

Applicants  
 Full Name: \_\_\_\_\_  
*First Last Relationship to Employee*

Address: \_\_\_\_\_  
*Street Address Email Address*

\_\_\_\_\_ *City State ZIP Code*

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

#### Employee Information

Employees  
 Full Name: \_\_\_\_\_  
*First Last M.I.*

Unit/Area: \_\_\_\_\_ Email: \_\_\_\_\_ Position: \_\_\_\_\_

#### College/University Information

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

#### Class Status for Fall Term:

- College Freshman       College Junior
- College Sophomore       College Senior       Grad School

#### U.S. Citizen

- Yes       No

All information submitted is true and accurate. Further, I authorize the AACET Executive Board/Scholarship Selection Committee to verify the information contained in this application package and use my information for publicity purposes.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

All application packages or questions should be directed to the AACET Executive Director. Application and all documents must be received by **April 1<sup>st</sup>**.

Mail to: AACET  
 P.O. Box 1579  
 Cabot, AR 72023