



TO: Arkansas High School Principals and Counselors

FROM: Anita Farver, AAFC Scholarship Chair

SUBJECT: Scholarship Award -Arkansas Association of Federal Coordinators

The Arkansas Association of Federal Coordinators (AAFC) is offering the AAFC Scholarship to high school seniors to supplement college costs beginning their freshman year. This scholarship award is \$1,000.00 for the first *Academic Year*, and will be awarded to full-time students who enroll in an Arkansas College or University, including junior colleges, community and vocational or technical colleges, and plan to major in education.

Basic eligibility requirements include:

1. Remain in school for eight (8) consecutive semesters, or until graduating requirements have been met.
2. Minimum grade point average of 3.0 on a 4.0 grading scale.
3. Good citizenship record. No Suspensions or Expulsions
4. Membership in a service or academic organization (extracurricular activity may be substituted)
5. Letter of recommendation from principal, teacher or counselor, and a non-family member. Three letters of recommendation are required.
6. Plan to work in the field of Education.

We have enclosed a copy of the AAFC Scholarship Award Application. Please encourage eligible students to apply for this scholarship. The completed application must be received by **February 2, 2018**.

Counselors should advise students that it is important to complete and mail all items listed on the application "Checklist." Failure to do so could result in the choice of another applicant. If additional application forms are needed, duplicates may be made.

A letter notifying the award recipient(s) and respective school(s) will be mailed in a timely fashion.

The application is available on the AAEA website at [www.theaaea.org](http://www.theaaea.org). Click on "Constituent Groups", then "AAFC" and then "AAFC Scholarship."

ARKANSAS ASSOCIATION OF FEDERAL COORDINATORS  
AAFC SCHOLARSHIP AWARD APPLICATION 2017-18

Please use the *checklist* below to make sure that all required documents are received no later than Friday, **February 2, 2018**.

Mail the completed application to:  
Anita Farver, AAFC Scholarship Chair  
AAFC Scholarship Award Committee  
AAEA  
219 South Victory  
Little Rock, AR 72201

CHECKLIST

\_\_\_ Student Form

\_\_\_ Administrator/Counselor Form

\_\_\_ Letter of Recommendation from Principal, Counselor or Teacher (on school letterhead, signed and dated) and one non-family member. Three letters are required.

\_\_\_ Transcript

\_\_\_ Attach a 300-word essay (no larger than 12-point font)\_\_\_

Copy of 2016 W-2 Tax Form

ANNOUNCEMENT OF RECIPIENTS:

Recipients and respective high schools will be notified in writing in a timely fashion.

ARKANSAS ASSOCIATION OF FEDERAL COORDINATORS  
SCHOLARSHIP APPLICATION - STUDENT FORM 2017-18

PART I

A. STUDENT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET ADDRESS OR P.O. BOX NUMBER

\_\_\_\_\_ CITY STATE ZIP

TELEPHONE NUMBER \_\_\_\_\_

B. AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ (check one)

C. NAME OF HIGH SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

SCHOOL TELEPHONE NUMBER \_\_\_\_\_

PRINCIPAL'S NAME, \_\_\_\_\_

COUNSELOR'S NAME, \_\_\_\_\_

D. ACADEMIC ORGANIZATION:

List all service and/or academic organizations in which you participated during the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades. (Extracurricular activities may be used as substitute)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARKANSAS ASSOCIATION OF FEDERAL COORDINATORS  
AAFC SCHOLARSHIP APPLICATION -STUDENT FORM 2017-18

E. HONORS AND AWARDS List all honors and/or awards you received during the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades.

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F. Choose the college/university that you plan to attend, and the major.

**1<sup>st</sup> Choice** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_

**3<sup>rd</sup> Choice** \_\_\_\_\_

**PART II**

A. Household Size

\_\_\_\_\_ Number of people living in your household.

\_\_\_\_\_ Number in your household who will enroll in college at least half-time in the 2018-2019 school year.

B. Combined annual income of parents (check one)

\_\_\_\_\_ \$10,000 or less

\_\_\_\_\_ \$30,001 – \$40,000

\_\_\_\_\_ \$10,001 - \$20,000

\_\_\_\_\_ \$40,001 – \$50,000

\_\_\_\_\_ \$20,001 - \$30,000

\_\_\_\_\_ Over \$50,001

**PART III**

Please write and attach a 300-word, two-page essay outlining your leadership activities and future college and career goals. You should include any specific goals you hope to achieve during and after college.

PART IV

SIGNATURES:

All of the information given on this application is true and accurate to the best of my knowledge. I understand that any false information given on this application can forfeit my rights to be considered for and/or to receive this award.

SIGNATURE OF STUDENT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

NOTE: Applications must be mailed early enough to be received at the address below no later than **February 2, 2018**.

MAIL TO:

Anita Farver, AAFC Scholarship Chair  
AAFC Scholarship Award Committee  
AAEA  
219 South Victory  
Little Rock, AR 72201

ARKANSAS ASSOCIATION OF FEDERAL COORDINATORS  
AAFC SCHOLARSHIP APPLICATION -  
ADMINISTRATOR/COUNSELOR FORM 2017-18

PART V

A. STUDENT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

B. ACADEMIC ORGANIZATION:

List all service and/or academic organizations in which this student participated during the 9th, 10th, 11th, and 12th grades. (Extracurricular activities may be used as substitutes.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. HONORS AND AWARDS

List all honors and/or awards this student received during the 9th, 10th, 11th, and 12th grades.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. SUSPENSIONS, EXPULSIONS, ETC.

Has this student ever been barred, suspended, or expelled from a class or school?

If yes, specify. \_\_\_\_\_

PART VI

Please attach a transcript showing academic and citizenship grades for grades 9, 10, 11 and first semester of grade 12 for this student.

Please write and attach a signed recommendation for this student from: A SCHOOL ADMINISTRATOR (Principal or Assistant Principal), COUNSELOR or TEACHER and non-family member.

Student's GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ ACT Composite \_\_\_\_\_

PART VII

This application was completed by:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO: Anita Farver, AAFC Scholarship Chair  
AAEA  
219 South Victory  
Little Rock, AR 72201