2022 CLINTON ALUMNI SCHOLARSHIP ASSOCIATION
APPLICATION FOR STUDENT FINANCIAL AID
***RETURN BY:* Friday, April 1st to High School Counselor**

Name:_____ Age:_____

Address:_____ Phone: _____

Name of College or School:_____

Major Field:_____ Social Security #:_____

List extracurricular activities you have participated in, offices you have held, and awards you may have received:

References: List below three people who know you. One must be a high school faculty member. Your minister, an employer, or someone who does business with your family would be good choices for references.

NAME **ADDRESS** **PHONE #**

1._____

2._____

3._____

Have you submitted FAFSA for Pell Grant ( )Yes ( )No
If yes, are you eligible to receive a Pell Grant? ( )Yes ( )No ( )Don't know yet
If yes, how much will you receive annually? _____

Have you applied for an academic university scholarship? ( )Yes ( ) No
If yes, what was the awarded amount?_____

Have you applied for the Arkansas Academic Challenge scholarship? ( ) Yes ( )No
If yes, are you eligible to receive it?_____

Other scholarships and grants:_____

_____

I CERTIFY THAT I AM IN NEED OF FUNDS TO CONTINUE MY EDUCATION

Signature of applicant: _____

Signature of parent: _____

*On an attached sheet, tell in your own handwriting any pertinent information about yourself and your plans. Explain your future plans, how you seek to use this aid, and anything that may not have been included in this form which would help to present your case better.

Please include a copy of your high school transcript.