



# Arkansas Agriculture Consultants Association Scholarship Application Form Incoming Freshman

Name: \_\_\_\_\_ University Student ID# \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Arkansas Resident \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent's Names: \_\_\_\_\_

Parent's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ACT Score \_\_\_\_\_ Grade Point Average \_\_\_\_\_

High School Attending \_\_\_\_\_ College You will Attend \_\_\_\_\_

Guidance Counselor Name and Contact Information \_\_\_\_\_

Academic Honors and Special Awards (including scholarships) \_\_\_\_\_

Areas of Interest \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_

Reasons for applying for this scholarship \_\_\_\_\_

Essay on why you should receive this scholarship (Use additional paper if needed) \_\_\_\_\_

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Please List Reference's:

Name \_\_\_\_\_ Title (occupation) \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name \_\_\_\_\_ Title (occupation) \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name \_\_\_\_\_ Title (occupation) \_\_\_\_\_

Contact Information: \_\_\_\_\_

I certify that the statements made by me in this application are true and complete to the best of my knowledge and are made in good faith.

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

Email Address \_\_\_\_\_

# ARKANSAS AGRICULTURAL CONSULTANTS ASSOCIATION SCHOLARSHIP PROGRAM

## GUIDELINES:

1. Current high school senior that will attend college
2. Arkansas Residents will be given priority
3. Students working toward a pest management related degree will be given priority
4. The scholarship winner will be chosen on the basis of grade point average (2.5 minimum GPA), financial need, leadership, participation in extra-curricular activities, and interest in pest management.
5. Each application must be submitted by March 1<sup>st</sup> to the AACA scholarship committee.
6. The scholarship committee will review each petition and select one student to receive the \$750.00 scholarship based on the criterial listed in item number four.
7. The Scholarship recipient and High School Counselor will be notified. The AACA treasure will issue a check payable to the chosen student.

Please Mail Completed Application to:

AACA Scholarship

PO Box 50

Crawfordsville, AR 72327