



Arkansas Agriculture Consultants Association

Scholarship Application Form

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 _____

Number of Hours Completed _____ Number of Hours Currently Enrolled _____ GPA _____

College Attending _____ Major Area of Study _____

Career Plans _____

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) _____

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. Undergraduate student enrolled in the College of Agriculture, preferably a junior or senior in an entomology, agromomy, crop soil, environmental science, or pathology department
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 1st to the AACA scholarship committee.
6. The scholarship committee will review each petition and select the student to receive the \$1500.00 scholarship based on the criterial listed in item number four.
7. The Scholarship recipient and the Dean of the College of Agriculture 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

