



## **2019 SCHOLARSHIP PROGRAM**

Any high school senior who will be graduating at the end of the 2018 school year from any school district or home schooled in Perry County is eligible. The scholarship will be in the amount of \$500 and will be paid to the student upon receipt of registration documentation for the Fall 2019 Semester.

The attached application, a high school transcript, a 500-word essay and at least one letter of recommendation must be postmarked no later than **April 30, 2019**.

Selection will be based on community involvement, school activity, scholastic achievement and financial need.

The scholarship must be used by the recipient to attend any accredited institute of higher learning on a full time basis.

Please send completed documentation to:

- Perry County Area Chamber of Commerce
- PO Box 359
- Perryville, AR 72126

**PERSONAL INFORMATION:** (Please print or type)

Applicants Full Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Applicants Date of Birth: \_\_\_\_\_

**HIGH SCHOOL INFORMATION:** (To be completed by counselor)

School Name: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank and Size \_\_\_\_\_ ACT Composite Score \_\_\_\_\_

Transcript \_\_\_\_\_ Guidance Counselor's Signature: \_\_\_\_\_

**SCHOLASTIC ACHIEVEMENTS** (List any awards or special honors received)

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

**SCHOOL ACTIVITIES** (List all school activities you participate in)

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

**COMMUNITY ACTIVITIES** (List community activities you participate in)

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

List any jobs you have held during High School

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

List the college or vocational/technical school you are planning on attending

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

List which field you plan to major \_\_\_\_\_

List any other grants you have applied for \_\_\_\_\_

\_\_\_\_\_

Specify any financial scholarship awarded \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL NEED INFORMATION** (To be filled out by a parent or guardian of applicant)

List the ages of any dependent children in household, not including the applicant \_\_\_\_\_

List your occupation and employer \_\_\_\_\_

Please circle the range that represents the gross annual household income prior to taxes:

Below \$25,000      \$25,000 - \$50,000      \$50,000 - \$75,000      \$75,000 - \$100,000

\$100,000 - \$125,000      Over \$125,000

List any information that you would like regarding your financial situation or circumstances that would be useful in consideration for a scholarship. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the following required documentation to complete your application.**

- **500-word or less typed essay about your school and community involvements and what it means to you.**
- **Copy of your high school transcript**
- **At least one letter of recommendation**

**Application should be postmarked no later than April 30, 2019 to: Perry County Area Chamber of Commerce, PO Box 359, Perryville, AR 72126**