

LEADERSHIP SCHOLARSHIP APPLICATION
ARKANSAS STATE UNIVERSITY-BEEBE

DATE: _____

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

NAME OF HIGH SCHOOL YOU ATTENDED: _____ DATE OF GRADUATION FROM HIGH SCHOOL: _____

Scholarships are for 1/2 of in-state tuition for 15 hours a semester for the freshman year. This is a performance scholarship and renewal for the spring semester will be based upon involvement and leadership in campus activities and maintaining a 2.5 grade-point average. **LEADERSHIP SCHOLARSHIP APPLICATIONS MUST BE RECEIVED BY JUNE 1. AWARD NOTICES WILL BE MAILED IN EARLY JUNE.**

The Leadership Scholarship is a competitive scholarship. All applicants must meet the following eligibility requirements in order to be considered.

1. Be first time full time entering freshman
2. Be admitted for the Fall semester at ASU-Beebe
3. Be ranked academically in the upper 25% of graduating class
4. Have demonstrated leadership abilities in high school
5. Have two letters of reference submitted

Your signature below authorizes the release of information concerning your scholarship application and any award that might be made.

Applicant's Signature: _____ **Date:** _____

Please complete the following as precisely and accurately as possible. The following information will be a primary factor in determining recipients.

High school clubs and organizations held:

Organization	Office Held
_____	_____
_____	_____
_____	_____

Community activities and involvement:

Athletic activities:

Please briefly state how you will plan to continue leadership activities in college (attach an additional page in necessary).

After completing this section, take this application to your high school Counselor or Principal for them to complete. **TWO LETTERS OF REFERENCE ARE ALSO REQUIRED.** One should be from a school official and the other from a citizen of your community.

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR PRINCIPAL

Please provide the confidential information requested below and mail this application to:

**Arkansas State University-Beebe
Vice Chancellor for Student Services
P.O. Box 1000
Beebe, AR 72012-1000**

PLEASE ATTACH A TRANSCRIPT THAT INCLUDES AT LEAST THE LAST SEVEN SEMESTERS OF WORK OF THE APPLICANT. Your frank and accurate assessment is requested.

Name of Applicant: _____

Number in senior class: _____ **Numerical rank of this Applicant:** _____ **ACT Composite Score:** _____

Please evaluate the applicant on the following points relative to other students in your school:

Qualities	Excellent (highest 10%)	Good (next 15%)	Fair (next 25%)	Poor (lowest 50%)
Scholarship				
Ability to work in groups				
Leadership				
Attendance				
Potential for success in college				

Your special comments: _____

School Official's Signature: _____

Title: _____ **Date:** _____