

Congressman Mike Ross Education Scholarship
Southern Arkansas University
P.O. Box 9382
Magnolia, AR 71754
Sarah Jennings, Contact Person

PRESS RELEASE:

Congressman Mike Ross will personally fund a \$1,000 (\$500 per semester) college scholarship to Southern Arkansas University to a student for one year. To ensure the most deserving student receives this scholarship, a university committee reviews the applications and makes the selection. I never see the applications, nor am I involved in the selection process.

Eligible candidates (those who currently reside in the Fourth Congressional District and are not related to anyone on my selection committee, my congressional staff, or me) should complete the following application and checklist in full.

Applicants must also show involvement in extra and co-curricular activities in their school or community. Applicants will be judged on educational success, work experience (if applicable), future goals, and current financial need. The Scholarship Committee will make all attempts to avoid the stacking of scholarships. The following must be fully completed to be considered for one of these awards:

1. Application Form.
2. A personal statement in which the applicant outlines their educational and career goals, financial situation, and why they deserve to receive this scholarship (500 words maximum typed, double spaced, and 12 pt. font).
3. Two letters of recommendation from someone other than a relative who knows the applicant and their abilities (one should be from a school official).
4. A copy of the applicant's transcript and ACT scores.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL MATERIALS ARE SUBMITTED WITH A POST MARK DATED NO LATER THAN April 1, 2011 TO THE ADDRESS LISTED AT THE TOP OF THIS LETTER.

I wish you all the best on your application, and I commend you on your decision to pursue your education beyond high school.

Southern Arkansas University Congressman Mike Ross Scholarship

CHECKLIST

Name of Applicant: _____

Permanent Address: _____

School / College planning to attend: _____

School Address: _____

Home Phone: _____

Checklist:

- ____ Completed application
- ____ Essay (500 words, typed, double spaced, and in 12 pt. font)
- ____ Two letters of recommendation
- ____ Transcripts and ACT scores

Completed application is to be postmarked by **April 1, 2011**. Late or incomplete applications will be disqualified.

FOR OFFICE USE ONLY

Date received: _____

Application complete: Y N

Southern Arkansas University Congressman Mike Ross Scholarship

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____ Apt. # _____

City: _____ Zip Code: _____

County: _____

Home phone: _____ Cell phone: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

PARENT OR GUARDIAN DATA

Last Name: _____ First Name: _____

Middle Initial: _____ Relation: _____ Telephone: _____

Cell phone: _____ E-mail Address: _____

APPLICANT'S EMPLOYMENT INFORMATION (IF CURRENTLY EMPLOYED)

Employer: _____

Name and Address of Supervisor: _____

Telephone: _____ Fax: _____

E-mail: _____

Avg. Hours per Week: _____ Current Wage: _____ Length of Employment: _____

APPLICANT'S EDUCATIONAL HISTORY

Name of High School Currently Attending: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Current GPA (on a 4.0 scale): _____ ACT Score: _____

Name of institution the Applicant plans to attend: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Major/Minor (if decided): _____

In order to prevent the “stacking” of scholarships, please list **ALL** grants and/or scholarships applied for and/or awarded including the amount. Also indicate whether the grant or scholarship has been awarded or is still pending:

Signature of School Counselor or College Financial Aid Officer

Printed name of School Counselor or College Financial Aid Officer

Printed Name of School

Telephone: _____

NOTE: ALL SCHOLARSHIP AWARDS WILL BE AWARDED IN THE FOLLOWING MANNER: ONE-HALF OF THE AWARD (\$500) WILL BE PAID TO THE ***INSTITUTION*** AND CREDITED TO THE RECIPIENT’S ACCOUNT AT THE BEGINNING OF EACH OF THE FIRST TWO SEMESTERS (Fall 2011 and Spring 2012) OF COLLEGE FOR A TOTAL AWARD OF \$1,000.

By my signature, I hereby authorize the Congressman Mike Ross Education Scholarship Program and Southern Arkansas University and its agents to inquire as to my enrollment status at any and all education institutions and places of employment listed above and to make inquiry regarding scholarship and financial aid information listed above, and to seek reimbursement of any and all scholarship funds should I fail to attend a qualifying institution.

Signature of Applicant _____ Date _____

Printed Name of Applicant

Parent/Guardian Signature _____ Date _____
(If Applicant is not 18 years old)

Printed Name of Parent/Guardian