

Instructions to Applicant: As part of this application, you must include a brief essay introducing yourself, stating your educational goals and how you expect to benefit from the scholarship, and expressing why you need a scholarship.

Please send this completed application to:

Southern Arkansas University Foundation
P.O. Box 9174 Magnolia, AR 71754
or On-campus mail slot 26

TYPE OR PRINT CLEARLY

Name: _____

Mailing Address: _____

E-mail address: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Gender: _____

Social Security Number _____ U.S. Citizen? Yes No

FOR ENTERING FRESHMEN

Planned field of study: _____ Date to enter SAU: _____

FOR ALL OTHERS

Have you previously attended another institution of higher education? Yes No

When: _____ Where: _____

Have you previously attended SAU? Yes No Class level: _____

Declared major: _____

Declared minor: _____

Scholarship Award Desired: _____

Cumulative Grade Point Average: _____

I certify that all statements in this application are true and authorize the release of scholarship information to scholarship donors, news media, and high school officials. I understand that if I receive this award, I will write a thank-you to the donor and deliver it to the SAU Foundation in order to complete this process.

 Applicant's signature

 Date