

Instructions to Applicant: This is the application for Southern Arkansas University Foundation scholarship awards. 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