

# University of Arkansas at Monticello

## Application for Private Scholarships

### Currently Enrolled Students

**Instructions to Applicant:** This is the official application for all private scholarships available for any UAM student. Return to the Office of Admissions, Harris Hall, Room 120 or mail to Chair, Scholarship Committee, PO Box 3600, Monticello, AR 71656 or fax to 870-460-1926 by March 1 yearly for consideration.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Rt., St., or PO Box City State Zip

Telephone Number:(\_\_\_\_)\_\_\_\_\_ Cell Phone Number:(\_\_\_\_)\_\_\_\_\_

Student ID Number:\_\_\_\_\_

Email Address:\_\_\_\_\_

High School Attended:\_\_\_\_\_

Have you attended another institution of higher education? \_\_\_Yes \_\_\_No

Provide the name of your former college(s) and the year(s) attended.

\_\_\_\_\_

Classification:\_\_\_\_\_ GPA:\_\_\_\_\_

Are you or any member of your family a veteran or a member of the national guard? \_\_\_Yes \_\_\_No

Major or field of study:\_\_\_\_\_

If you are an education major, have you been accepted to the teacher education program?

Have you passed PRAXIS I? Yes \_\_\_ No \_\_\_ PRAXIS II? Yes \_\_\_ No \_\_\_

Semester and year you initially enrolled at UAM:\_\_\_\_\_

Please provide a statement of need for requesting scholarship assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

No private scholarship is awarded to a student who does not have a minimum 2.0 GPA or full-time status. Specific awards may have additional criteria.