

2024-2025 ANC Scholarship Application

Awards of various amounts are made by the College Scholarship Committee to students who have demonstrated financial need
Arkansas Northeastern College
PO Box 1109 Blytheville, Arkansas 72316
(870) 762-1020 (phone) / (870) 763-1654 (fax)

Incomplete applications cannot be considered

Priority Deadline—April 15, 2024

Complete Application must be received at least 2 weeks prior to semester requested for consideration

The following items must be included:

- 1. The Scholarship Application
- 2. 2024-2025 Free Application for Federal Student Aid (FAFSA) filed and information sent to ANC—(ANC school code-012860)
- 3. ACT, COMPASS, or ACCUPLACER scores
- 4. One letter of recommendation from an individual (**not a relative**) who is aware of your academic potential, activities, and involvement in school or community events (**must be signed by person writing the recommendation**)
- 5. Explain in 150 words or more (**typed and <u>signed</u>**) how this scholarship will help you meet your financial needs and academic goals (include names of other colleges you plan to attend, degree you will be pursuing, and your career /professional plans)

By submitting this application, I authorize Arkansas Northeastern College to release this information to all scholarship donors, college scholarship committees, and to the local media. I understand the scholarship may fund tuition, fees and textbooks purchased at the **ANC bookstore** <u>only</u>. No refunds will be allowed.

Personal Data: 1. Name:	2. Social Security #:
3. Mailing Address:	4. Date of Birth:
5. City, State & Zip:	
6. Contact Phone Number:	
7. High School Attended & Graduation Date:	
Student Information: 3. Please check the course of study you plan to pursue at ANC: □ Certificate of Proficiency □ Technical Certificate □ AAS Degree	DO NOT LEAVE ANY BLANK e □ AA Transfer Degree □ AS Transfer Degree
What is your area of academic interest/major?	
0. Have you been <u>accepted</u> into the RN Nursing program?	YES □ NO If Yes: □ 1 st Year □ 2 nd Year
1. If Dependent Student: (according to FAFSA guidelines) Parent	's place of employment:
2. Are you a single parent? ☐ YES ☐ NO	
List participation in community service projects:	
4. Scholarship Requested for: (check all that apply)	024 ☐ Spring 2025 ☐ Summer 2025
	nonitor the recipient's resources before transmitting funds. If new ard amount may change accordingly. No refunds given.
Student Signature:	Date: