



**2020-2021
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 13, 2020

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. 2020-21 Free Application for Federal Student Aid (FAFSA) filed and information sent to ANC—(ANC school code-012860)
3. ACT, COMPASS, 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 signed**) 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 only**. 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:

DO NOT LEAVE ANY BLANK

8. Please check the course of study you plan to pursue at ANC:
 Certificate of Proficiency Technical Certificate AAS Degree AA Transfer Degree AS Transfer Degree
9. What is your area of academic interest/major? _____
10. Have you been **accepted** into the RN Nursing program? YES NO If Yes: 1st Year 2nd Year
11. If Dependent Student: (according to FAFSA guidelines) Parent's place of employment: _____
12. Are you a single parent? YES NO
13. List participation in community service projects: _____
14. Scholarship Requested for: (*check all that apply*) Fall 2020 Spring 2021 Summer 2021

Additional Financial Aid: **If awarded, the committee will monitor the recipient's resources before transmitting funds. If new resources are found, the award amount may change accordingly. No refunds given.*

Student Signature: _____ **Date:** _____