**ARKANSAS COUNCIL FOR WOMEN IN HIGHER EDUCATION**

**Scholarship Application**

**Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Member institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants must submit a completed application form along with a cover letter explaining their career goals or aspirations, how the scholarship with assist with their degree plans or career goals, and the intended use of the degree sought. Minimum 1 page double paced…copied and pasted here.**

**ARKANSAS COUNCIL FOR WOMEN IN HIGHER EDUCATION**

**Scholarship Application**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Preferred Telephone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Colleges Attended:   
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:** \_\_\_\_\_\_\_\_\_\_

**2.\_\_\_\_\_\_\_\_\_\_\_ Dates:**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degrees Obtained:**

**1.\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_**

**Date of Acceptance in Graduate School (must be prior to date of scholarship application):\_\_\_\_\_**

**Graduate School Planning to Attend & Advisor’s Email:**

**I will be able to attend the ACWHE Spring Conference to receive my award and understand that the scholarship award will go directly to my designated graduate school: Yes\_\_ No\_\_\_**

**I do/do not receive financial assistance toward education expenses.**

If Yes: (check all that apply)

\_\_\_ Tuition Reduction (\_\_\_ %) \_\_\_ Additional Scholarship \_\_\_ Other

\_\_\_ Tuition Waiver \_\_\_ Stipend \_\_\_ Family Support

**WORK EXPERIENCE: Position/Location/Dates**

**1.**

**2.**

**3.**

**REFERENCES: Attach 3 letters of recommendations…include email, address, and telephone number. You can copy and paste this to make one rolling document.**

Return this completed application in an email to current ACWHE Scholarship Chair by the March 31, 2017. The email address is: [bfprince@ualr.edu](mailto:bfprince@ualr.edu). ACWHE Scholarship Chair, University of Arkansas at Little Rock. Telephone number is (501)-569-3239