## 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.

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# **Scholarship Application**

Full Name:			Date:
Preferred Mailing Add	ress:		
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, 2018. The email address is: <u>bfprince@ualr.edu</u>. ACWHE Scholarship Chair, University of Arkansas at Little Rock. Telephone number is (501) 569-3239.