



## ASBA Educational Foundation Freshman Scholarship Award Program

The Arkansas School Boards Association (ASBA) Educational Foundation Freshman Scholarship Program is designed to benefit the sons/daughters/legal wards of ASBA-affiliated Arkansas school board members who will be entering two-year or four-year Arkansas institutions of higher education. The scholarship program was established through the ASBA Educational Foundation in September 1992. The first scholarships were awarded in 1994.

Four scholarships are awarded annually – one from each of the state's four congressional districts. A committee assigned by the ASBA board of directors will review scholarship applications and determine awardees. Awards will be made before the fall school term.

### Criteria for Consideration

- Recipients must be the sons/daughters/legal wards of publicly elected Arkansas school board members. School board member-parent/legal guardian must have served on his/her local board at some time during the school year in which the scholarship is awarded.
- Grants will be one-time scholarships to entering freshmen at Arkansas two-year or four-year institutions of higher education.
- Scholarship amounts will be \$650 each.
- Scholarships will be awarded based upon academic performance, demonstrated leadership, community involvement, extracurricular activities, special talents or unique endeavors and future educational and career plans. Financial need may be a consideration.

### Application Submission

Application for the scholarship award will consist of:

- Completed ASBA Educational Foundation Freshman Scholarship Application Form
- Three letters of recommendation: (1) from a teacher; (2) from a principal or assistant principal, and (3) from a member of the community
- A counselor-completed form and statement to include student's: (1) seven-semester grade point average; (2) class standing as of beginning of second semester senior year (rank and size of class); (3) PACT/PSAT/ACT/SAT score(s), including state percentile ranking, (4) end-of-course exam scores, and (5) other pertinent information that demonstrates the student's leadership ability and academic potential
- Student's official transcript (seven semesters)
- An essay of no more than 500 words written by the student applicant expressing goals, future plans, past activities, life/educational influences and a statement about how the scholarship would help the student to achieve his/her education and goals
- Resumé prepared by student

**All application materials, compiled into a single submission, must be received in the ASBA office by April 1 of the scholarship award year.**



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## Scholarship Application Form

This form must be completed by the applicant, signed by the board member parent/legal guardian and submitted with the other materials outlined in the scholarship criteria. This form by itself is NOT a complete application.

### Student Applicant

### Board Member-Parent/Legal Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

County/Congressional District \_\_\_\_\_

Telephone \_\_\_\_\_

High School \_\_\_\_\_

School Board \_\_\_\_\_

College to attend \_\_\_\_\_

Major \_\_\_\_\_

List extracurricular activities/organizations \_\_\_\_\_

(or include in attached resumé) \_\_\_\_\_

List leadership positions/activities \_\_\_\_\_

(or include in attached resumé) \_\_\_\_\_

Statement of financial need \_\_\_\_\_

*I certify by my signature below that the statements made by me and contained within these materials are true and complete to the best of my knowledge, and are made in good faith.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Member-Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Attach this completed application form with other data specified in the criteria and submit by April 1 to:  
ASBA Scholarship Program • P. O. Box 165460 • Little Rock, AR 72216-5460**



Arkansas School Boards Association (ASBA) Educational Foundation  
Freshman Scholarship Award Program

## Academic Confirmation Form

This form must be completed by the school counselor or other appropriate high school official and submitted with the other materials outlined in the scholarship criteria.

### Student Applicant

### Counselor or School Official

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Student GPA: \_\_\_\_\_ covering \_\_\_\_\_ credits (seven-semester transcript)

Student Class Standing: Rank: \_\_\_\_\_ of \_\_\_\_\_ students in class

College Entrance & Standardized Test Scores			End-of-Course Exams		
Test	Score	AR % Rank	Course	Exam	Score/Status

Other pertinent information, including any statement which might demonstrate the student's potential for academic success, leadership potential or financial need (attach signed documents as needed):

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*I certify by my signature below that the statements made by me and contained within these materials are true and complete to the best of my knowledge and are made in good faith.*

School Seal

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date