



High School Senior Scholarship Applicant Form

First Name

Last Name

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Address

City, State, Zip Code

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Telephone/Text

Email

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SS#

Name of High School

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Summary about yourself and why you believe that I should get this scholarship?

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Use only Association

Name College/University:

Address:

City/State/Zip Code:

Phone:

Contact person:

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Approval by /date:

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Tricia Tighe
Arkansas Association of the Deaf
Treasurer
PO Box 55063
Little Rock, AR 72215-5063
501-313-3362
www.arkdeaf.org



GUIDELINE:

Applicants must be resident in Arkansas. Applicants can reapply next year if you are not the winner.

\$250/\$150 Scholarship to be used for tuition, fees and educational related expenses. In order to receive this award, you must meet all eligibility requirements, including enrolling in an undergraduate course of study at another accredited two- or four- year college or university or vocational school FOR EXAMPLE: Fall 2023-Summer 2024 academic year.

IMPORTANT INFORMATION:

- This scholarship is valid for only one year from award date (May to May)
- This scholarship is non-renewable
- This scholarship is will be send directly to the post-secondary institution or program
- This scholarship is can be dispensed in full
- Show a cumulative GPA of 2.5 in the quarter or semester of college or other training program
- Any unused funds should be returned to AAD Scholarship Fund
- Contact AAD Treasurer

DEADLINE: March 1

INTERVIEW: TBA in March and April

ANNOUNCE: Graduate Day