

Arkansas Spinal Cord Foundation
APPLICATION FOR 2018 ASCF SCHOLARSHIP PROGRAM

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Name of College, University or Program in which you have been accepted for the 2018 Spring Semester:

(Verification of registration will be required)

Location of College, University or Program (City):

Your Email address:

Select one and indicate with "X"

Under Graduate

Graduate

Vocational / Technical school program

Are you considered to be half (1/2) time status or taking at least 6 hours of school this semester?

Yes

No

Name of teacher or academic advisor:

Parents Name:

SPINAL CORD DISABILITY INFORMATION

Type of Spinal Cord Disability:

Level of injury: (i.e. T10 paraplegia, C5 tetraplegia)

Date of Onset:

Are you a client of the Arkansas Spinal Cord Commission?

YES

NO

NOTE: If you answered NO, please attach a letter to this application from your physician or specialists documenting your spinal cord disability.

EDUCATION INFORMATION

Name of High School:

Graduation Date:

Name of College (if presently attending):

Accredited Hours Completed:

Grade Point Average:

Have you received any other scholarships or funding support for the 2017-18 school years? YES NO

Scores (if available):

SAT _____ ACT _____

IF YES above, please describe:

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What is the your major or program of study to be pursued?

APPLICATION REQUIREMENTS:

Applicant must provide a Personal Statement (maximum 3 pages, typed, and double-spaced).
 Include a brief personal history, educational/career goals, extra-curricular activities, and reasons why you should be selected by the ASCF Scholarship Selection Committee.
 NOTE: This statement must be written solely by the applicant.

Applicant must provide two (2) Letters of Recommendation (One letter must be from a teacher, professor, or academic advisor) and one personal reference (i.e. minister, organization, friend, may **NOT** be a relative).

Letters may be sent by U. S. mail or by email attachment and should include the signature of the teacher or advisor, etc. The name of student should appear in the subject line of the email.

Applicant must provide an official sealed copy of high school transcript or the most recent college transcript which should be provided by mailing to ASCF in a sealed envelope. *

Applicant must agree to allow ASCF to use his/her name, photo and/or story in future scholarship materials.

Please attach your application, all supporting materials and email to: EMAIL TO: mandy@asilr.com
 (Please use MS Word for your personal statement, if at all possible and/or PDF, for all documents that are emailed as attachments). If it is not possible to email, please mail documents to:

Mandy Carmack
 Scholarship Selection Committee Chair
 PO Box 242486
 Little Rock, AR 72223
 EMAIL TO: mandy@asilr.com

I authorize ASCF to verify the information I have provided on this form and attached materials.

Signature of applicant

Date

NOTE: All documents emailed must be in PDF format.
 Please compile all documents and attach to one email.

**Sealed official high school or college transcripts must be sent by US mail.*

All applications must be received by July 31st, 2018 to be eligible for consideration.

