



ESSAYS

10. Why are you deserving of this scholarship?

Four horizontal lines for writing the answer to question 10.

11. Your academic and career goals?

Four horizontal lines for writing the answer to question 11.

12. Your involvement in school and community activities?

Four horizontal lines for writing the answer to question 12.

13. Signature:

(Student)

Date:

Please send this application to the UACCM Financial Aid Office, 1537 University Blvd., Morrilton, AR 72110.

Scholarship awards are contingent on the availability of appropriate funding and are not guaranteed. The College reserves the right to limit scholarship awards. Students must be a US citizen or legal non-citizen to be eligible for institutionally-funded academic scholarships. Refer to the UACCM website for additional information regarding eligibility requirements.

Applicants will not be considered for scholarships until they have applied for admission to UACCM, submitted seven semester transcript, applicable test scores, paragraphs and recommendation letters, if required.

OFFICE USE ONLY

ACT Test Scores

ACT: (Composite Score) Subscores: (English) / (Math) / (Reading) / (Science Reas.)

ACCUPLACER: (Sentence Skills) / (Reading) / (Elementary Alg.) COMPASS: (Pre-Alg.) / (Alg.) / (Writing) / (Reading)

Academic Status (Select All That Apply)

[ ] High School Diploma: (Year Graduated) (Name of High School) (HS GPA)

[ ] GED Certificate: (Year Completed) (GED Composite)

[ ] Current UACCM Student: (Number of Hours Completed) (Cumulative GPA)