NANCY C. EVERITT SCHOLARSHIP

Return to Business Dean's Office by March 13, 2019 (COB 103) or Media and Communications (Comm 152) or scan and e-mail to ghud@astate.edu

Social Security Number			Name (Last Name, First Name, Middle Name)				
			Advances D. 11, 10				
Home Address (Street/Box/Apt)			Arkansas Resident? □ Yes □ No				
City	State		ZIP		County		
Telephone Number	Date of Birth	Do you have previous		U.S. Citizen			
			college credit?				
			☐ Yes ☐ No		☐ Yes	□ No	
Check one of the following (opt	ional) American Indian or Alaskan Native		dent Status Single ☐ Married		dent Alien es □ No	Foreign Exchange Student Yes No	
☐ Black, Non-Hispanic	Asian or Pacific Islander	Dep	Dependent Children Major Area of St		r Area of Study		
☐ Hispanic [Other (Specify)						
College Hours at ASU:							
Hours Currently Enrolled at AS	U:						
College Hours at Other Instituti	ons: Other GPA:						
Total College Hours:							
Email Address:							
Academic Honors and Special Awards (We encourage you to attach a student resume and any additional information you wish the committee to review)							
Extra-Curricular Activities							
Career Plans							
I certify that the above statements are true and complete to the best of my knowledge and are made in good faith. The university is authorized to make this information available to scholarship donors and university scholarship committees.							
Signature							
Date							

Nancy C. Everitt Scholarship Entrepreneurial Aspirations

Briefly outline activities in which you have participated that best demonstrate your	
entrepreneurial abilities and or potential as an entrepreneur. Be very specific	