

Arthur Monroe Shride Memorial Scholarship Application Form

Application and all required forms are to be completed and returned to Dean's Office by Friday, November 4, 2016.

Date: _____

Name: _____ A-State ID Number: _____

College Address: _____
Residence Hall or Street City State/Zip Telephone

Home Address: _____
Street City State/Zip Telephone

County: _____
First Preference Randolph County Next Preference Sharp or Lawrence Counties (Other Counties May be Considered)

Full time Incoming Freshman: _____ Education Major: _____

Field of Study: _____

Do you receive financial aid? _____

List honors, clubs, or activities in community, stating offices held (if any).

Attachments:

1. A statement regarding your future professional goals.
2. One letter of professional reference.