Shannon Wright and Lynette Thetford Scholarship
Application Form

Application and all required attachments are to be completed and returned to the Professional Education Programs Office by **April 23, 2014.**

Date: _____

Name: _____ SS Number: _____

Home Address: _____
Street City State/Zip

Telephone Number: _____ Email Address: _____

Date and Place of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Do your parents have other dependent children? ❑ Yes ❑ No Ages: _____

High School: _____ Cumulative Grade Point Average: _____

Expected date of graduation: _____

Have you applied to Arkansas State University for admission? ❑ Yes ❑ No

Date you will enter Arkansas State University: _____

Presently employed? Where? _____

College major you plan to pursue? _____

List part-time and other work experiences: _____

_____

_____

List all financial aid you are eligible to receive: _____

_____

_____

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

_____

_____

Attachments:

1. An updated transcript.
2. A brief typed letter to Dr. Mary Jane Bradley stating why you are applying for the scholarship, information regarding your future professional goals, and your financial need.
3. Two letters of reference from current teachers.

Mail completed application packet to:

Dr. Mary Jane Bradley
P.O. Box 720
State University, AR 72467

This form may be retrieved as a .pdf writable form on the Professional Education Programs Office website, http://www.astate.edu/dotAsset/5763c037-446d-4d45-ace7-10665d740363.doc.