

**Mary L. Swan Memorial Scholarship  
Application Form**

Application and all required attachments are to be completed and returned to the Professional Education Programs Office by

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 letter to Dr. Audrey Bowser 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. Audrey Bowser  
P.O. Box 720  
State University, AR 72467