

# NANCY C. EVERITT SCHOLARSHIP

**Return to Business (BU 103) or Communication (225 Comm) Office by March 15, 2024**

Student ID - -		Name (Last Name, First Name, Middle Name)	
Home Address (Street/Box/Apt)		Arkansas Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	County
Telephone Number	Date of Birth	Do you have previous college credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one of the following (optional) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify) _____		Student Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No
		Dependent Children <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Exchange Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Major Area of Study			
College Hours at ASU: _____ ASU GPA: _____ Hours Currently Enrolled at ASU: _____ College Hours at Other Institutions: _____ Other GPA: _____ Total College Hours: _____ Overall GPA: _____ 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 \_\_\_\_\_

