

DEADLINE: FEBURARY 1
ARKANSAS STATE UNIVERSITY
DEPARTMENT OF RADIO-TV

J. D. ROGERS MEMORIAL SCHOLARSHIP APPLICATION
(Please Type)

Name: _____ Student ID # _____

School Address: _____

Local Telephone: _____ Cell _____ E-Mail _____

Parents' Names: _____

Parents' Address: _____

College Hours Completed _____ Hours Currently Enrolled at ASU _____ Overall GPA _____ GPA in Radio-TV _____

RTV Emphasis Area: _____ Minor _____

When do you expect to graduate? _____

Extra Curricular Activities/Community Involvement/Employment

Special Achievements/Honors and Recognitions

Are there other accomplishments you wish the committee to consider?

Do you expect to receive any other scholarships: Yes___ No___ If so, describe:

I certify that the statements made by me in this application are true and complete to the best of my knowledge and are made in good faith.

Signed: _____ Date: _____

On a separate page, in 500 words, describe the experiences that have influenced your decision to pursue a career in broadcasting and how these experiences will help you succeed in this career choice. Describe what separates you from others in the committee's awarding of this scholarship.

(Attach 500-word essay on separate page)