

**SIBYLLA and KENNETH PETERS SCHOLARSHIP**  
**Graduate Application Form**

Fall                      Spring 20\_\_\_\_\_

**Application and all required forms are to be completed and returned to Professional Education Programs Office.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street                      City                      State/Zip                      Telephone

Date and Place of Birth: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Do your parents have other dependent children? Yes                      No                      Ages \_\_\_\_\_

Are you married?                      Yes                      No                      Ages of any dependents \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Secondary school attended with year of graduation: \_\_\_\_\_

Date entered Arkansas State University: \_\_\_\_\_

Presently employed? Where? \_\_\_\_\_

Semester hours completed: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

Major: \_\_\_\_\_

\_\_\_\_ Semester and year of Teaching

Internship: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

List part-time and other work experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive financial aid? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attachments:

1. An updated transcript.
2. A statement regarding your future professional goals.
3. Two letters of reference from either current professors or persons that can demonstrate student's teaching performance.