



JUNIOR LEAGUE OF  
**FORT SMITH**

# Student Scholarship Application Form

311 Garrison Avenue, Fort Smith, Arkansas 72901  
[www.jlfs.org](http://www.jlfs.org) 479-783-3930

**Requirements:**

**APPLICATION DEADLINE IS March 1, 2019.**

- \*Must be 21 years of age or younger.
- \*Provide high school transcript with a GPA of 2.0 or higher
- \*Must be a high school senior, high school graduate, or have a G.E.D
- \*Must have been placed in Arkansas State Foster Care for a period of 30 days or longer, while a resident of one of the following counties- Sebastian, Crawford, Franklin, Logan, Scott, Johnson, or Yell.

**Instructions:**

1. Please print clearly the following information. Turn in completed application, with all applicable signatures. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Include a copy of your most current resume, grades, and acceptance letter with your application.
3. Completed applications and supporting documentation can be mailed to Junior League of Fort Smith-Scholarship Committee at 311 Garrison Ave, Fort Smith AR 72901 or emailed to [juniorleaguefs@gmail.com](mailto:juniorleaguefs@gmail.com)

**Personal Information:**

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Academic Information:**

Have you Graduated High School? YES NO High School Attended: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ High School GPA: \_\_\_\_\_

Do you plan to attend College or Trade School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Intended Major: \_\_\_\_\_ Number of College Credits Completed: \_\_\_\_\_

**References: Please provide three references.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the statements above and following are true to the best of my knowledge and grant my permission for the information contained in this application to be shared with the scholarship selection committee(s) and scholarship donor(s).

Signature: \_\_\_\_\_

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

