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| Please **print legibly** or **type** your answers. | | |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address  Street:  City: State: Zip: | |
| 3. | Date of Birth: Month Day Year Gender: | |
| 4. | Daytime Telephone Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address : | |
| 5. | Name & address of parent(s) or legal guardian(s):  **(If different from address in question 2, provide the following)**  Name(s) :  Street:  City: State: Zip:  Home phone of parents or legal guardians: Work phone: | |
| 6. | Please Indicate: \_\_\_\_ 2019 High School Graduate ACT \_\_\_\_\_\_ (19 required minimum) | |
| 7. | Cumulative High School Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (Minimum 2.5 on a 4.0 scale)  Attach proof of GPA. Your most recent final school transcript is required. | |
| 8. | Briefly state your future plans. (100 words or less) | |
| 9. | A. State your financial need for this scholarship. (50 words or less)  B. List other financial assistance you will receive per semester or quarter: **(Other financial assistance will not affect your scholarship eligibility.)** | |
| 10. | A. List academic honors, awards and membership activities  B. List your association with organizations, hobbies, leisure interests, extracurricular activities and related community service and volunteer activities:  C. List your non-school sponsored volunteer activities in the community: | |
| 11. | Provide three (3) references that are not related. **Attach reference letters**. | |
|  | I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.  **Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | ***Deadline***for the application is **March 15th of each year.** Applications postmarked after this date will not be considered.  Please submit application to:  **April R. Love Scholarship Committee**  P. O. Box 1505  Hope, AR 71802 | |