LITTLE ROCK SCHOOL DISTRICT

Rockefeller Scholarship Application 2019-2020 School Year

Please see Rockefeller Scholarship Award guidelines for complete list of requirements. This scholarship will be awarded your 1st and 2nd semester only, based on your eligibility of maintaining a 2.5 or better cumulative GPA your first semester and enrollment of 12 semester hours for both semesters. Your selected college must be in Pulaski County. You must submit a copy of your transcript and schedule for the following semester for eligibility.

Note: **Eligibility must be verified by your school's counselor**

If you do not enter a college/university by the spring semester of the academic years in which you graduate, this scholarship award will be automatically forfeited. An application must be completed and a printed copy submitted to your school's counselor.

Please type into the form below and print after completion

Name:

Last		First		MI
Address, City, State, Zip)			
Telephone Number	Age	Date of Birth	Birthplace	
High School(s) Attended	d: Include -	School/Location/Dates		
High School Credits Ear	rned to Dat	e		
Expected Graduation D	ate:			
Have you been approve	ed for Early	Graduation (Put "X" in Bo	x) Y e s No	
If yes, Date of Graduati	ion			

List of service or academic organizations (extra-curriculum activities may substitute)

1	
2	
3	
Please describe your financial need:	
Financial Need:	
Pulaski County College/University Acceptance Four-year Institution Name:	
Enrollment Date Phone Number	Address
Date of Acceptance (Letter of	Acceptance must be attached to this application)
Parent(s)/Guardian(s) Signature	Date
To be completed by school official only	
I certify that courses required for graduation from the Little	as completed &/or is enrolled in all Rock School District.
Courses needed for graduation	- \

*This application is incomplete without, letter of college acceptance, 3 letters of recommendation and 7th semester transcript.