



North Arkansas College

Annual Scholarship Authorization

Name of Scholarship _____

Scholarship Amount \$ _____

Number of Scholarships to be Awarded - _____ Annually _____ Per Semester

Annual Contribution Amount _____
(checks should be made payable to - North Arkansas College Foundation, Inc.)

Donor Information:

Name _____ Telephone _____

Address _____

Authorized Agent:

Name _____ Telephone _____

Address _____

Purpose of Scholarship: (check each eligible purpose):

- Tuition and fees, required textbooks and supplies, and other expenses
- Other _____

Recipient Eligibility: (check each eligible application)

- Boone County residents
- Out-of-County residents
- Out-of-State residents
- International residents

- Freshmen
- Sophomores

- On-Campus Students Only
- Off-Campus Students Only
- On or Off Campus Students

- Only Full-time Students
- Only Part-time Students
- Full or Part-time Students

- Other: _____

Recipient Qualifications:

Minimum Grade Point Average: _____ **High School** _____ **Northark**

Rank in Class: _____ **High School** _____ **Northark**

Program(s) of Study: **1st Choice** _____
 2nd Choice _____
 3rd Choice _____

Other: _____

Utilization: (check each eligible purpose)

- Four-Semester Award**
- Two-Semester Award**
- One-Semester Award**
- Summer Award**
- Other:** _____
- Renewable under the following conditions:** _____

Special Considerations: (check each which applies)

- Students receiving ACT or Honor Scholarships will not be eligible to receive this scholarship.**
- Students receiving athletic scholarships will not be eligible to receive this scholarship.**
- Students awarded other scholarships given by North Arkansas College will not be eligible to receive this scholarship.**
- Other:** _____

GENERAL NORTHARK CONDITIONS:

- 1. Funds should be forwarded to the North Arkansas College Foundation prior to August 1 of each year.**
- 2. If it becomes necessary to cancel a scholarship, cancellation will be effective only at the end of a semester and prior to the beginning of a new semester.**
- 3. In the event of a fund residue, funds will accrue to the North Arkansas College Foundation General Scholarship Fund.**
- 4. Scholarship recipient(s) will be selected by the Northark Scholarship Committee.**

The above fairly describes the conditions of the tendered scholarship(s) and I/we subscribe and agree to the general conditions.

s/ _____
Donor or Authorized Agent

Date