Scholarship Packet

Office of Advancement
P.O. Box 10
Melbourne, AR 72556

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

• Complete an Ozarka College application for admission and admission requirements or be a current Ozarka student.

• Fill out a FAFSA (Free Application for Federal Student Aid) form.

• Submit this completed scholarship application to the Office of Advancement, including essay statement.

• Fulfill any additional criteria or requirements of the particular scholarship for which you are applying, including enrollment as a full-time Ozarka student in good standing.

Application Deadlines

March 1st for Fall term
October 1st for Spring term

Ozarka offers various scholarship assistance programs provided by the Ozarka College Foundation (all scholarships are distributed annually on a funds available basis).

Students who are eligible for multiple scholarships from Ozarka (Ozarka Academic Excellence, Ozarka Ambassador of the Year, Ozarka Regional Scholarship, PBL Leadership Scholarship, etc.) may be awarded only one of these. Scholarships awarded by the state of Arkansas, civic clubs, area businesses, etc., are not subject to this provision. For a complete list of available scholarships, students may contact the Advancement Office or the Financial Aid Office (1-800-821-4335).
Scholarship Application

SEMMETER:       Fall         Spring           YEAR:     20___
Please circle semester and mark year for which you are requesting a scholarship.

NAME: _____________________________________________ ________________________
(FIRST)                                              (MIDDLE)                                                    (LAST)

ADDRESS: __________________________________________ ________________________
(STREET OR PO BOX)

_______________________________________ _________________________________________________
(CITY)                                     (STATE)                          (ZIP CODE)                               (COUNTY)

COUNTY OF RESIDENCE:_______________________________ _____________________

TELEPHONE: _________________________   CELL: ______ ________________________

EMAIL: ____________________________________________ _________________________

I.D. NUMBER __________—________—___________DATE OF BIRTH: ____/____/____
(Social Security #)

ACT COMPOSITE: _____  CLASS RANK: _____ out of_____  GED SCORE: _________
(IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE)

PLACE OF EMPLOYMENT:___________________________________________________________

HIGH SCHOOL: ________________________    GRADUATION DATE:______________
(IF APPLICABLE)

MAJOR/INTENDED AREA OF STUDY:____________________________________________________

☐ I give Ozarka College permission to release my information to area media. Initials ______

___________________________________
Signature

Please refer to the Ozarka College Catalog for specific information on available scholarships.
**Scholarship News Release Form**

***PLEASE email DIGITAL PHOTOS to mcarpenter@ozarka.edu
If using a printed non-digital photo, please attach it to this form. If you have any questions, please contact Molly Carpenter at 870-368-2045 or at the above email.***

STUDENT NAME: ____________________________________________

ADDRESS: ________________________________________________

EMAIL ADDRESS: __________________________________________

COLLEGE PLANS / MAJOR: __________________________________

ACTIVITIES / ORGANIZATIONS:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

AWARDS / HONORS:

_________________________________________________________________

_________________________________________________________________

LOCAL NEWSPAPER NAME & ADDRESS: ____________________________

_________________________________________________________________

ADDITIONAL COMMENTS: _______________________________________

_________________________________________________________________

For High School Student Applicants:

HIGH SCHOOL ATTENDED: ______________________________________

PARENTS’ NAMES: ____________________________________________

Detach and return to Ozarka College, Office of Advancement, P.O. Box 10, Melbourne, AR 72556
Use this page and/or additional pages to discuss how a scholarship from Ozarka College will benefit you, provide a statement of your educational goals and what qualifies you for the scholarship program.