

Scholarships Leading to Graduation For Arkansans

SLGFA SCHOLARSHIP APPLICATION

2024

Last Name: _____ First Name: _____ Initial: _____

Student ID: _____ E-mail: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Mobile: _____ Alternate Phone: _____

Anticipated Graduation Date: _____

**Please attach up to 3 pages describing the circumstance(s) that caused your hardship in
Regard to finishing your education.**

I agree to provide SLGFA, if selected for a scholarship, with my contact information and consent allowing SLGFA to contact me via text; a release allowing SLGFA to use my name or likeness for purposes of promoting the scholarship; a release allowing School to furnish information to SLGFA sufficient to process and supervise this scholarship; and a waiver allowing SLGFA to access my academic records. I also understand that I must provide SLGFA a copy of my most current transcript; and I must furnish to SLGFA, in a manner acceptable to SLGFA, the most current forms required by the School to be executed by me in aid of graduation, including but not limited to an intent to graduate declaration or equivalent, and a certification by my advisor that the courses that I am taking are appropriate to achieving a degree in that major within the time remaining on the scholarship. I understand that a portion of this award may be taxable.

Student Signature

Date

I certify that all criterion established by SLGFA has been met, including but not limited to: Student has a minimum cumulative GPA of 2.5 and an academic advisor has verified that the courses the student is taking are appropriate to achieving a degree in the declared major within the time remaining on the scholarship.

Printed Name of Authorized School Official

Date

Signature of Authorized School Official

Title of Authorized School Official

FOR SCHOOL USE ONLY:

Credit Hours Needed for Degree Completion _____

Number of Credit Hours to be taken in Fall _____ /Spring _____