



UNIVERSITY OF  
ARKANSAS

DALE BUMPERS COLLEGE  
OF AGRICULTURAL, FOOD  
& LIFE SCIENCES

## Clifford Bruce Jacobs Endowed Agricultural Scholarship

Completed applications should be returned by **February 15, 2010**, to the Scholarship Administrator, Dale Bumpers College of Agricultural, Food and Life Science, University of Arkansas, AFLS E-108, Fayetteville, AR 72701.

I give the Scholarship Administrator permission to verify the following information and to release this information as necessary for sole purpose of scholarship consideration.

I understand that in addition to this form, I am required to complete the Free Application for Federal Student Aid Form (available from high school counselor, or Office of Financial Aid).

\*Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ University ID# \_\_\_\_\_

Local Address:

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

County: \_\_\_\_\_

Check one of the following:

Incoming Freshman

Transfer student from Phillips Community College at DeWitt

University of Arkansas Institution I plan to attend or am currently attending:

UA-Fayetteville

UA-Monticello

Academic Major: \_\_\_\_\_

*\* Applications without a signature are incomplete and will not be considered!*

Proceed to following page and complete appropriate section.      ✦ Page 1 of 4

**Incoming Freshman**

**NOTE: Applicant must be a graduate from a high school in Arkansas County to qualify for the Clifford Bruce Jacobs Endowed Agricultural Scholarship.**

High School:  DeWitt  Gillett  Other \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
(within Arkansas)

Class Rank: \_\_\_\_\_ GPA (4.0 scale): \_\_\_\_\_ ACT/SAT: \_\_\_\_\_

Honors and Extracurricular Activities:

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**Transfer Student**

**Note: Applicant must be an ACTA transfer student from the Phillips Community College of the University of Arkansas at DeWitt.**

Specify dates of attendance:

Hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Honors and Extracurricular Activities:

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<b>General Information</b>	
Are/Were you active in 4-H? <input type="checkbox"/> Yes <input type="checkbox"/> No                      When? <input type="checkbox"/> College <input type="checkbox"/> High School County: _____ Offices Held: _____	
Are/Were you active in FFA? <input type="checkbox"/> Yes <input type="checkbox"/> No                      When? <input type="checkbox"/> College <input type="checkbox"/> High School County: _____ Offices Held: _____	
Are/Were you active in FHA/HERO in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No County: _____ Offices Held: _____	
Are you or is your family a member of Farm Bureau? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify county: _____	
Do you or does your family purchase electricity from an Electric Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No Cooperative's Name: _____	

<b>Personal and Family Information</b>	
Please indicate the percentage of financial responsibility for your education. You _____ Parents _____ Financial Aid: _____	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Hours per week: _____	
If you are a dependent of your parents, please provide the following information.	
Father's name: _____ Address: _____ Occupation: _____	Mother's Name: _____ Address: _____ Occupation: _____
Number of siblings in your family: _____    Number of siblings presently in college: _____	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Number of dependents: _____	
Is your spouse in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? _____	
Please list any financial aid or scholarships you will receive for the upcoming academic year.	

