



Scholarship Application

Name: _____

Social Security Number: _____ Date of Birth: _____

Address; _____
Street City State Zip

County of Residence: _____ Telephone; _____ - _____ - _____

Parents' Name: _____

Parents' Address, if different from above:

Street City State Zip

- Are you a U.S. Citizen? ____ yes ____ no
If no, are you an eligible non-citizen? ____ yes
(Alien Registration Number _____)

- Name of Postsecondary School applying to, or enrolled in:

- Address of Postsecondary School applying to, or enrolled in:

Street City State Zip

- How do you plan to enroll? _____ full-time student _____ part-time student
- What is your college major? _____
- If you have completed fewer than 12 college credit hours, complete the following:

High School attended: _____

Address: _____

Street

City

State

Zip

Year Graduated: _____

- Postsecondary schools you have attended (college, universities, vocational technical):

- Honors and awards you have received: _____

- Extracurricular, civic, and community activities you have participated in:

- Extracurricular activities you plan to participate in during your postsecondary education (if different from above):

- Comments: _____

Authorization:

- We certify, to the best of our knowledge, the information contained in this statement is correct and complete.
- We agree the Fort Smith Riverfront Blues Society Scholarship Committee has our permission to verify the information given.

Applicant's signature _____

Parent's / Guardian's signature, if applicable _____

Parent's / Guardian's signature required if Applicant is a minor.

APPLICATIONS MUST BE MAILED TO:

**SCHOLARSHIP COMMITTEE
FORT SMITH RIVERFRONT BLUES SOCIETY
P.O. BOX 8307
FORT SMITH, ARKANSAS 72902**