

SCHOLARSHIP APPLICATION

Name: _____

SSN: _____ Date of Birth: _____

Address: _____

County/State of Residence: _____ Telephone Number _____

Parents Name and Address: _____

U.S. Citizen: Yes No

If no, are you an eligible non-citizen _____

(Alien Registration number) _____

Name of College/University applying to or enrolled in: _____

Address of College/University: _____

Status at College/University: _____ full time student _____ part time student

College Major: _____

If you have completed fewer than 12 college credit hours, complete the following:

High School/Address/Year graduated: _____

Postsecondary schools attended: _____

Honors and awards received: _____

Extracurricular, civic and community activities you participate in:

Extracurricular activities you anticipate participating in during your college education:

Comments: _____

Authorization:

I/we certify, to the best of our knowledge, the information contained in this application is correct and complete

I/we agree the Fort Smith Riverfront Blues Society/Barry Ratliff Memorial Scholarship Committee has our permission to verify the information given.

Applicant's Signature: _____

Parent/Guardian Signature, if applicable: _____
(required if applicant is a minor)

APPLICATIONS MUST BE SENT TO:

SCHOLARSHIP COMMITTEE
Fort Smith Riverfront Blues Society
P O Box 8307
Fort Smith, AR 72902

or by email to bmarsh.malpais@gmail.com
