Northwest Arkansas Dr. Martin Luther King, Jr. Scholarship

Undergraduate Applicants Application Form Only emailed applications in Microsoft Office Word format will be accepted. (No PDFs, no scanned docs, no handwritten docs, etc.)

| Applicants Name: | Student P id#: |
|---------------------------|--|
| Address: | |
| City/State/Zip Code: | |
| Contact Numbers: | Home Cell |
| E-mail | Major: |
| Classification: | Cumulative College GPA: |
| College Credits Comp | leted:Expected date of Graduation: |
| Please complete the fo | dlowing components of the application. Feel free to use additional pages if necessary. |
| <u>Community Involven</u> | ent/Organizational Affiliations (25%): |
| *Your most notable a | ccomplishment to date: |
| Leadership Experience | <u>ses</u> (25%): |

| * <u>Long-term Aspirati</u> | ons: | | |
|---|---|---|---|
| What aspects of Dr. | King's life and legacy do you apply t | to your everyday life? (<u>150 w</u> | ords or less) (50%) |
| | | | |
| | | | |
| _ | the scholarship criteria will also be t s. | aken into consideration wher | determining the |
| scholarship recipient By submitting this ap is true and accurate. recipient of the schol | _ | rship committee, I certify that e information will automatica ient at this time. If you are selecte | the above information lly disqualify me as a |

