

Arkansas Ready Mixed Concrete Association 2020 General Scholarship Application

ARMCA Members – Please notify/post for all of your employees.

Qualification for those seeking Scholarship

- 1. Attend college or vocational educational institution.
- 2. High school graduate
- Child, grandchild, adopted child, or stepchild of an employee of a current member of the Arkansas Ready Mixed Concrete Association (both ready mix producer and associate members).

<u>Instructions for completing application</u>

- 1. Application is to be completed by the applicant.
- 2. All parts of application must be completed.
- 3. Please type or print.
- 4. Attach the following to complete the application
 - A. Three (3) character reference letters from someone other than a relative.
 - B. A transcript of courses taken.
 - C. An essay of at least one type-written page detailing your educational and career goals including your need for the scholarship.
- 5. Mail completed application with attachments to:

ARMCA Scholarship Committee Arkansas Ready Mixed Concrete Association 3520 W. 69th Street, Ste. 303

Little Rock, AR 72209

- 6. Completed applications must be received between January 1, 2020 and April 1, 2020 to be considered.
- 7. Your envelope will not be opened until after deadline ONLY include scholarship application and attachments.

Scholarship Amount

- 1. A one time scholarship of \$1,000.00
- 2. You may re-apply each year.



2020 GENERAL SCHOLARSHIP APPLICATION

	Applicant's Name:	
	Applicant's Phone#:	Email
	Permanent Address:	
	City, State, Zip:	
	Age: Marital Status: Number of Dependents:	
	Are you currently employed: Yes: No: Name of current/last employer (if any)? Position: Salary/Wages:	
	Are you a (circle one) child, grandchild, adopted child or stepchild of a person working for a current member of the Arkansas Ready Mixed Concrete Association Yes:No:	
	If yes, name employee	
	Phone Number:	
	Name of Company	
I.	Education Institution Applicant is now attending: Institution Name City, State, Zip:	
	Major:	
	Academic Classification (check one) High School Senior	_ College Senior _ Graduate Student
II.	Educational Institution in Which Enrollment is desired:	
	Institution Name: City, State, Zip: Degree So	ught:
	Expected Date of Completion: Amount of tuition/fees per semester: \$	
	Date payment must be made:	
	Date term begins:	