

ROBERT G. EVANS MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

Date of Birth: _____ Sex: M F Soc. Sec. No. _____

Phone: () _____ Fax: () _____

Email Address: _____

High School: _____ Graduation Date: _____

Are you a family member of an AJOA member? _____

If so, list relationship: _____

If you receive services through an AJOA member, list your officer, their county, and their title _____

Family Information

Father's Name: _____

Home Address (if different): _____

Occupation: _____ Employer: _____

Mother's Name: _____

Home Address (if different): _____

Occupation: _____ Employer: _____

List siblings who are living with either parent. Include ages and specify which parent

they live with: _____

Number of siblings currently enrolled in college, votech, etc. _____

ADDITIONAL FINANCIAL INFORMATION:

Please indicate additional facts of information concerning your financial situation that might be pertinent to your application for scholarship on a separate piece of paper. If

pertinent, you should include such items as: divorce or separation of parents, special dependency arrangements, extraordinary expenses for illness, or other items.

In what school activities have you been involved? _____

Please list any school or community awards or recognitions that you have received. _____

Which college, university, or vocational school do you plan to attend? _____

Planned major: _____

Current GPA: _____

Please list any paid work experience you have had during the last 4 years, beginning with the most recent position: _____

Essay 1: On a separate piece of paper, please provide a one-page essay on your goals, and your personal reasons for seeking higher education.

Essay 2: On a separate piece of paper, please write a one page essay on the person who has been the biggest influence on you and why.

Please attach a letter of recommendation from the AJOA member who you are associated with or related to.

ADDITIONAL INFORMATION:

Please provide any information or factors which you believe should be considered by the Scholarship Committee in reviewing your application. _____

Signature: _____ Date: _____

AJOA Member's Signature: _____ Date: _____

Return completed application to Lori Dollinger, Scholarship Committee Chairperson, at 311 Court St., Lonoke, AR 72086, or fax to 501-676-3004.

ROBERT G. EVANS MEMPORIAL SCHOLARSHIP

The Arkansas Juvenile Officer's Association offers eight scholarships in the amount of \$500.00 each. This award is to be used at any college, university, or vocational school.

This scholarship was established in March 2001.

AJOA encourages any eligible applicant to apply.

Application process opens in October of each year, with all documents due on January 31st of the following year.

AJOA SCHOLARSHIP CRITERIA

Applicants must be:

An incoming freshman of an accredited college.

A child, grandchild, sibling, niece, or nephew of an Arkansas Juvenile Officer who is an active AJOA member in good standing OR recipient of services through a local Juvenile Department whose officer is a member of AJOA in good standing.

Parent, Grandparent, or officer must have been employed as a juvenile officer for at least one year.

Application packet completed and submitted by the deadline.