



ARKANSAS ASSOCIATION FOR HEALTHCARE ENGINEERING
ARCH GILCHRIST/CURT BELIN SCHOLARSHIP GRANT
419 NATURAL RESOURCES DRIVE
LITTLE ROCK, ARKANSAS 72205

COLLEGE STUDENT APPLICATION FORM

Application Deadline: April 1

Date _____

I hereby apply for a grant under the terms of the Arch Gilchrist/Curt Belin Scholarship Grant in the amount of \$ _____ to assist in the payment of my educational expenditures while in full-time attendance during the Fall - Spring - Winter - Summer quarter semester (cross out the words which do not apply) of the academic year 20____ - 20 ____.

I. PERSONAL INFORMATION

1. Name (Mr - Ms) _____
Last First Middle

2. Home Address _____
Number and Street City County State Zip

3. Date of Birth _____ 4. Marital Status: _____
Single Married

5. Please enclose two (2) letters of reference from persons in your community as character references with this application. List below the name and addresses of these individuals.

Name Address

Name Address

6. State the specific course of study you plan to pursue in college and what occupation or profession you plan to enter:

7. Name of AAHE (Arkansas Association for Hospital Engineering) member and your relationship:

Member Name Relationship

II. EDUCATIONAL EXPERIENCE

- a. Colleges: Name, address, and number of years for each college you have attended. Please enclose a transcript from all those listed below.

- b. Date you plan to graduate: _____ c. Cumulative Grade Point Average (CGPA): _____

- e. Honors you received, activities or organizations in which you participated, and offices you held in college. (Give dates for each)

III. REFERENCES

Please enclose three (3) letters of reference from college teachers. List below their names and addresses.

Name

Address

_____	_____
_____	_____
_____	_____

IV. INCOME AND RESOURCES

- 1. If you are now working, give name/address of company, hours worked per week, and salary:

_____ Hrs. _____ Salary _____
Name Address

Do you plan to continue working while in college: ____ Yes ____ No

List below any other pertinent information concerning your own earnings or other financial assets or obligations that would be helpful in assessing your financial need for this grant.

V. STUDENT LOANS OR GRANTS

1. Have you received a previous Educational Loan or Grant? _____
Yes No

2. If "Yes", in what amount: \$ _____

Granted through: _____
College/University Date

VI. CERTIFICATION

1. Statement of Parent or Guardian: (for applicants under 21 years of age)

I _____, have read the foregoing application in full and hereby state
Name of Parent or Guardian

that with my knowledge _____ is applying for a grant in the amount of
Name of Applicant

\$ _____ to further his/her education in _____.
College or University

Date: _____ Signature: _____

Address: _____ Number
and Street City State Zip

ACTION BY ARCH GILCHRIST/CURT BELIN SCHOLARSHIP GRANT COMMITTEE

1. Granted in the amount \$ _____

2. Not granted for the following reasons:

_____ a. Lack of adequate and available funds.

_____ b. Student's need for grant not effectively established.

_____ c. Other reasons (specify): _____

Date

Chairman
Arch Gilchrist/Curt Belin Scholarship Grant Committee