



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

HIGH SCHOOL 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 letters of reference from two (2) persons in your community as character references. list the names 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 Healthcare Engineering) member and relationship:

Member Name Relationship

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:

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