

**Arkansas Association of Federal Coordinators**

TO: Arkansas High School Principals and Counselors

FROM: Shantele Raper, AAFC Scholarship Chair

SUBJECT: AAFC Scholarship Award

The Arkansas Association of Federal Coordinators (AAFC) is offering the AAFC Scholarship to high school seniors to supplement college costs beginning their freshman year. The scholarship award is $1,000.00 for the first *academic year,* and will be awarded to full-time students who plan to major in education who enroll in an Arkansas college or university, including junior colleges, community colleges, and vocational or technical colleges.

Eligibility requirements include:

1. Completing eight (8) consecutive semesters of high school or remaining in high school until graduation requirements are met
2. Having a minimum grade point average of 3.0 on a 4.0 grading scale
3. Exhibiting a good citizenship record with no suspensions or expulsions
4. Participating in service or academic organizations or extracurricular activities
5. Planning to major in the field of education

The AAFC Scholarship Application is enclosed. Please make additional copies, as needed. An electronic copy of the application is available on the AAEA *website* at www.theaaea.org. Click "Constituent Groups", “AAFC”, then “AAFC Scholarship.”

Please encourage eligible students to apply for this scholarship. The completed application must be received on or before February 19, 2021. Please advise students to complete and mail all items listed on the application checklist. Incomplete applications will not be reviewed. Award recipients will be notified in a timely manner.

**AAFC Scholarship Application**

**2020-2021**

**CHECKLIST**

**Use this checklist to make sure that all required documents are**

**submitted and mailed in a timely manner so that**

**they are received on or before February 19, 2021.**

**Submit ALL of the required items in the following order.**

* Student Form
* Administrator/Counselor Form
* Transcript with school stamp or administrator/counselor signature
* 300-word personal essay (typed in 12-point font)
* Three letters of recommendation
  + Two letters of recommendation from administrator (principal, assistant principal), counselor, or teacher; must be on school letterhead, signed and dated
  + One letter of recommendation from a non-family member

**Mail the completed application including everything on the checklist to:**

Arkansas Association of Education Administrators

Attn: Shantele Raper, AAFC Scholarship Chair

219 South Victory

Little Rock, AR 72201

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# **AAFC Scholarship Application**

# **STUDENT FORM 2020-2021**

**PART I -- PERSONAL INFORMATION**

FIRST NAME MIDDLE NAME LAST NAME

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STREET ADDRESS CITY STATE ZIP

|  |  |  |  |
| --- | --- | --- | --- |
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PHONE EMAIL

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| --- | --- |
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AGE DATE OF BIRTH GENDER (check one) PLANNED COLLEGE MAJOR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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Month/Date/Year Male Female

NAME OF HIGH SCHOOL SCHOOL PHONE NUMBER

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| --- | --- |
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SCHOOL STREET ADDRESS CITY STATE ZIP

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NAME OF PRINCIPAL NAME OF COUNSELOR

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| --- | --- |
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**PART II -- FINANCIAL INFORMATION**

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| --- | --- |
| u ## of people living in your household |  |

|  |  |
| --- | --- |
| # ## of people living in your household who will enroll in college at least half-time in 2020 |  |

Combined annual income of parents (check one box)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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$20,000 or less $20,001-$30,000 $30,001-$40,000 $40,001-$50,000 $50,001-$60,000 $60,001-$70,000 $70,001-$80,000 $80,001-$90,000 over $90,001

**PART III -- HIGH SCHOOL ACTIVITIES & COLLEGE PLANS**

LIST ALL SERVICE AND ACADEMIC ORGANIZATIONS AND EXTRACURRICULAR ACTIVITIES IN WHICH YOU PARTICIPATED DURING THE 9TH, 10TH, 11TH, AND 12TH GRADES. (Attach an additional sheet, if needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| **GRADE(S)** | **ORGANIZATION OR ACTIVITY** | **ROLE OR OFFICE** | **RESPONSIBILITIES AND ACTIVITIES** |
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LIST HONORS AND AWARDS YOU RECEIVED DURING THE 9TH, 10TH, 11TH, AND 12TH GRADES. (Attach an additional sheet, if needed.)

|  |  |
| --- | --- |
| **GRADE(S)** | **HONOR OR AWARD** |
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LIST THE COLLEGE/UNIVERSITY THAT YOU PLAN TO ATTEND.

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| --- | --- | --- | --- |
|  | **COLLEGE/UNIVERSITY** | **LOCATION (CITY, STATE)** | **MAJOR** |
| 1ST CHOICE |  |  |  |
| 2ND CHOICE |  |  |  |
| 3RD CHOICE |  |  |  |

**PART IV -- PERSONAL ESSAY**

Write a 300 word personal essay for the scholarship committee. The essay should be typed in 12-point font. Include the following information in your essay.

* Adversity -- discuss a situation in which you faced adversity and how you overcame the adversity
* Leadership philosophy and activities -- describe your leadership philosophy and activities in which you have participated where you have implemented and/or observed your philosophy
* College plans -- share your plans for college, including specific goals
* Career goals -- discuss your post-college career goals and the impact you will make through your career in education

**PART V -- SIGNATURES**

All of the information given in this application is true and accurate to the best of my knowledge. I understand that any false information given on this application can forfeit my rights to be considered for and/or to receive this award.

SIGNATURE OF STUDENT DATE

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| --- | --- |
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SIGNATURE OF PARENT/GUARDIAN DATE

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| --- | --- |
|  |  |

**APPLICATIONS MUST BE MAILED IN TIME TO BE RECEIVED NO LATER THAN FEBRUARY 19, 2021**

Mail the completed application including everything on the checklist to:

Arkansas Association of Education Administrators

Attn: Shantele Raper, AAFC Scholarship Chair

219 South Victory

Little Rock, AR 72201

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# **AAFC Scholarship Application**

# **ADMINISTRATOR/COUNSELOR AFFIRMATION FORM**

# **2020-2021**

STUDENT FIRST NAME STUDENT MIDDLE NAME STUDENT LAST NAME

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| --- | --- | --- |
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NAME OF HIGH SCHOOL SCHOO PHONE NUMBER

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| --- | --- |
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NAME OF PRINCIPAL NAME OF COUNSELOR

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| --- | --- |
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WILL THE STUDENT COMPLETE EIGHT CONSECUTIVE SEMESTERS OF HIGH SCHOOL AND MEET ALL GRADUATION REQUIREMENTS BY JUNE 1, 2021? IF NO, PLEASE EXPLAIN.

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STUDENT’S GPA (4-point scale) STUDENT’S CLASS RANK STUDENT’S CLASS SIZE STUDENT’S ACT COMPOSITE

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| --- | --- | --- | --- |
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HAS THE STUDENT EVER BEEN BARRED, SUSPENDED, OR EXPELLED FROM A CLASS OR SCHOOL? IF YES, PLEASE EXPLAIN.

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I have reviewed the information given in this application and to the best of my knowledge it is true and accurate. I have reviewed the service activities, organizations, extracurricular activities, honors, and awards and to the best of my knowledge, everything is true and accurate.

SIGNATURE OF ADMINISTRATOR/COUNSELOR TITLE DATE

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