

University of Arkansas Office of Academic Scholarships
2009 – 2010 Veterans' Scholarship Program

University ID: _____

First: _____ Middle: _____ Last: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____ (uark.edu only) ph: _____

College: _____ Major: _____

Have you filed a FAFSA for the 2008\2009 academic year? _____

Will you be enrolled full-time as an undergraduate student at the University of Arkansas? _____

This section is used for informational purposes only

Branch of military service: _____ Rank: _____
(Air Force, Army, Coast Guard, Marine Corps, Navy, National Guard)

Current service status: _____ Duration of service: _____
(active duty, reserve, veteran)

To verify your military service please submit one of the following forms of documentation:

- DD Form 214 (member 4 copy) *veterans only*
- Statement from Commanding Officer verifying service status *active duty\reserve only*

Please note that if you have been dishonorably discharged you are ineligible for this scholarship program.

Essay Question: Eleanor Roosevelt once said “One thing life has taught me: if you are interested, you never have to look for new interests. They come to you. When you are genuinely interested in one thing, it will always lead to something else.” What interests have come to you during your academic career, and how will they carry with you after your graduation from the University of Arkansas? Please attach your response to your scholarship application.

Resumé: Prepare a current resumé that includes out-of-classroom activities that you have participated in during your academic career, demonstrating contributions to your local community. Please attach your resumé to your scholarship application.

Letter of recommendation: Please provide one letter of recommendation from an individual that can speak to your academic abilities and potential. Recommendation letters should be sent in a sealed envelope with the attached recommendation form. Personal references will not meet this requirement.

Questions? Contact Garrick Hildebrand at ghildeb@uark.edu or 479-575-4464

Student Signature: _____ Date: _____
I verify that all information included in this scholarship application is accurate and my own work.

Information provided to the Office of Academic Scholarships in connection with this scholarship application (including attachments) is confidential and is intended only to assist the scholarship office in evaluating applicants for the purpose of receiving scholarships.

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Recommendation Form

To the Applicant:

Fill in the information below and give to your evaluator (must be a member of the faculty, academic advisor, teaching assistant, or an individual that can testify to your academic abilities). In addition to the form, the evaluator must also include a separate letter of recommendation. All materials are to be submitted in a sealed envelope.

Applicant name (please print): _____

University ID number: _____

uark email address: _____

Waiver of Access

I have requested that this recommendation be submitted for use in the *University of Arkansas Veterans' Scholarship* program. In accordance with the *Family Education Rights and Privacy Act of 1974*, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your choice to waive your right of access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choices, and sign your name.

I waive my right to review this recommendation, which shall therefore be considered confidential

I do **not** waive my right to review this recommendation

Signature of Applicant

Date

Note to Evaluator and Applicant:

If the applicant has agreed to this waiver, we will preserve the strict confidentiality of this document that will be made available only to the members of the Scholarship Review Committee and other appropriate staff members. If the applicant has not agreed to this waiver, the recommendation will be made available to the applicant upon request.

Questions? Please contact:

Garrick D. Hildebrand
Office of Academic Scholarships
Old Main 101
479-575-4464
ghildeb@uark.edu

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Recommendation Form

To the Evaluator:

Please complete the form below along with an additional letter of recommendation printed on letterhead. Send both portions of the recommendation form along with the letter of recommendation in a sealed envelope to the following address or return to the applicant (must be in a sealed envelope):

Veterans' Scholarship Program
Office of Academic Scholarships
Old Main 101
University of Arkansas
Fayetteville, AR 72701

Evaluator Name (please print): _____

Title/Position: _____

Relationship to applicant: _____

Email: _____ Phone: _____

Ratings

Compared to other students, how would you rate this student in terms of:

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (Top 10%)	No Basis
Creativity						
Motivation						
Independence or initiative						
Academic achievement						
Disciplined work habits						
Potential for growth						
Personal qualities and character						
Overall recommendation						

Letter of Recommendation

Please complete a separate letter of recommendation and submit it along with the recommendation form. Please write whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will assist us to differentiate this student from others.

Signature: _____ Date: _____

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