



American Research Collaborative  
on Postsecondary Education, Inc.

SCHOLARSHIP  
APPLICATION

APPLICANT INFORMATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Relative Not Living With You: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SCHOOL INFORMATION

Name of High School or GED Program: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Adviser Name: \_\_\_\_\_ Adviser Email: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

LEADERSHIP EXPERIENCES / COMMUNITY SERVICE

List any clubs you belong to.

<u>Year</u>	<u>Level</u>	<u>Office</u>	<u>Responsibilities Assumed</u>
_____	_____	_____	_____
_____	_____	_____	_____

List participation in local activities.

<u>Year</u>	<u>Level</u>	<u>Office</u>	<u>Responsibilities Assumed</u>
_____	_____	_____	_____
_____	_____	_____	_____

## INVOLVEMENT IN FAMILY, CAREER AND COMMUNITY SERVICE

List participation in community programs in which you have been involved (minimum of one).

<u>Year</u>	<u>Program</u>	<u>Your Involvement</u>

List any service projects or competitive events in which you have participated.

<u>Year</u>	<u>Program</u>	<u>Your Involvement</u>

## VOLUNTEER ACTIVITIES

List any community service activities in which you have participated and describe your involvement.

<u>Year</u>	<u>Program</u>	<u>Your Involvement</u>

## PERSONAL ESSAY

Describe your career goals and why you have selected the school/college(s) and/or university(s) to which you have applied (500 words max).

Indicate the college or university you are planning to attend or to which you have been accepted. If applications are still pending, indicate schools to which you have applied.

College/University/Career College \_\_\_\_\_

City/State \_\_\_\_\_

Intended Major/Minor/Program \_\_\_\_\_

I have personally prepared this application and certify that it accurately reflects my work. Furthermore, my signature below provides my permission to use my likeness in any current or future promotion of scholarship recipients should I be selected.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Mail to:**

American Research Collaborative  
on Postsecondary Education, Inc.  
15029 North Thompson Peak Parkway  
Suite B111-421  
Scottsdale, AZ 85260

**Don't forget to include these attachments:**

- ☐ Three (3) recommendations  
(degree programs only)
- ☐ Official high school transcript / GED Record

**OFFICIAL USE ONLY**

Appointment Committee — Date Reviewed: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Deferred \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_