



Stacy Willis Memorial Scholarship Application

UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Return to:

Sharon Downs, Director
Disability Resource Center
University of Arkansas at Little Rock
2801 South University Avenue, DSC 103
Little Rock, AR 72204-1099

Instructions: Applicants must complete all items in each section and return the form to the above address **by March 1st** for the coming academic year. All blanks must be filled in with a response or not applicable (does not apply to you) in order for your application to be considered. You may submit your application in an alternative format if you wish. Past recipients cannot apply again.

**INCOMPLETE APPLICATIONS WILL NOT BE
CONSIDERED.**

INFORMATION ON QUALIFYING

In addition to completing this form, applicants must:

- Have a disability
- Have completed at least 30 hours at UALR or another accredited college or university
- Have a GPA of 2.50 or better
- Be enrolled at UALR during the spring semester in which this application is due

Be sure to include with this application form:

- Documentation of your disability, unless UALR Disability Resource Center has it already on file
- Official transcripts from all colleges attended.

APPLICATION DEADLINE: MARCH 1st
DEADLINE FOR OFFICIAL TRANSCRIPTS:
APRIL 1st

SECTION I: GENERAL INFORMATION

Personal Information

Name:

Last	First	Middle
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Student I.D. _____

Address (include zip): _____

County: _____

Phone Number: () _____

U.S. Citizen? Yes No

Arkansas resident? Yes No

(Optional) Race: Black Hispanic White Asian
 American Indian Other

Sex: Male Female

Parent/Guardian if under age 18: _____

(Name and Address) _____

Educational Information

High School _____

College 1 _____

College 2 _____

College 3 _____

UALR Major _____

Career you plan to pursue _____

Cumulative UALR number of hours _____

Cumulative UALR GPA _____

Other institutions: _____

Institution _____ Number of Hours _____ GPA _____

Institution _____ Number of Hours _____ GPA _____

Institution _____ Number of Hours _____ GPA _____

Institution _____ Number of Hours _____ GPA _____

Classification next Fall/Spring:

Transfer Continuing UALR undergraduate Graduate

Planned enrollment status: Full-time Part-time

SECTION II: DISABILITY INFORMATION

Please respond in sentence form to each of the following and use a separate sheet if you need more space.

A. What are your educational and career goals?

B. Please describe your disability.

C. What are the challenges you face achieving your goals here at UALR including challenges related to your disability?

D. Give a brief description of honors and achievements at UALR and in the community.

E. Describe your involvement in organizations. Include leadership roles and any volunteer work you have done at UALR or in the community. Provide dates of involvement.

SECTION III: CERTIFICATION

I certify that all information and statements provided by me on this application are true and correct to the best of my knowledge. Donors of agencies outside of UALR occasionally request information contained on this application. I permit the release of educational and personal information to outside agencies in order to be considered for scholarships.

Signature of Applicant

Date Signed

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