



# 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: \_\_\_\_\_ Student I.D. \_\_\_\_\_  
Last First Middle

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

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## 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.

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

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

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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.

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**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

**APPLICATION DEADLINE: MARCH 1st**  
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