The Association of Arkansas Counties (AAC) established its Scholarship Trust in 1985 to provide college financial assistance to the children, stepchildren and grandchildren of Arkansas county and district officials and employees. AAC has since awarded more than a quarter of a million dollars in scholarships.

Along with the AAC, the following county associations contributed to the scholarship trust in 2022: the County Judges Association of Arkansas, the Arkansas Circuit Clerks Association, the Arkansas County Treasurers Association, the Arkansas County Clerks Association, Arkansas Coroners Association, Arkansas Association of Quorum Courts, Arkansas Sheriffs Association, Arkansas County Tax Collectors Association, and the Arkansas County Assessors Association.

Qualifications for those seeking scholarship:

• Applicants must plan to attend or already attend a college, graduate school or other qualifying education institution.
• Applicant must have a financial need.
• Applicant must have a current grade point average of 3.0 or above and a minimum ACT score of 18.
• Applicant must be or will be a high school graduate of the state of Arkansas.
• Applicant must be a child, grandchild, adopted child, or stepchild of a current or retired county employee of Arkansas.

Instructions for completing application:

• Download the application at www.arcounties.org.
• Application is to be completed by applicant.
• All parts of the application must be completed in full.
• Please type or print in black or blue ink.
• Attach the following information to the completed application. Without the following information, application will not be processed:
  1. Three (3) character reference letters, one from a county employee other than a relative.
  2. An official transcript of courses taken along with ACT/SAT scores.
  3. A biographical statement, including family and educational background, financial need, work history and other pertinent information about yourself.

Send completed application with attachments to:

Scholarship Trust
Association of Arkansas Counties
1415 W. Third Street
Little Rock, Arkansas 72201

Completed applications must be received between January 1 and May 1, 2023 in order to be considered for that year’s scholarship.
ASSOCIATION OF ARKANSAS COUNTIES
SCHOLARSHIP APPLICATION

Applicant’s Name: __________________________________________________________
Permanent Address: _______________________________________________________
City, State, Zip: __________________________________________________________
Age: _______ Marital Status: _______ Number of Dependents: ____________________
Home Phone Number: _____________________________________________________

Are you currently employed? Yes _______ No _______
Name of current/last employer (if any)? ______________________
Position: ______________________ Salary/Wages: ____________________________

Are you a child, grandchild, adopted child or stepchild of a current or retired county
employee of Arkansas? Yes: _______ No: _______ If yes, name of relative
Which county? ____________ Department relative employed: ______________________
Relationship to county employee: __________________________________________

Source and amount of funds available for year in which scholarship is requested:

REQUIRED INFORMATION

Parents projected income: $ ____________
Own projected income: $ ____________
Scholarships (current or anticipated): $ ____________
Government Grants: $ ____________
Personal Savings: $ ____________
Other (i.e. spouse income): $ ____________

Have you previously received assistance from the Association of Arkansas Counties
Scholarship Trust? Yes: _______ No: _______

Educational Institution Applicant is now Attending:
Institution Name: _________________________________________________________
City, State, Zip: _________________________________________________________
Major: ____________________________ Grade Point (on a 4.0 scale): ____________
Highest ACT or SAT Score: ____________

Academic Classification (check one)

_____ High School Senior
_____ College Freshman
_____ College Sophomore
_____ College Junior
_____ College Senior
_____ Graduate Student
__________________________ Other

Educational Institution in which enrollment is desired:
Institution Name: _________________________________________________________
City, State, Zip: _________________________________________________________
Course of Study: ____________________________ Degree Sought: ______________________
Expected Date of Completion: ____________________________
Amount of tuition/fees per semester: $ ____________

By my signature, I hereby authorize the Association of Arkansas Counties or its agents to make inquiry as to my
enrollment status at the educational institution noted above and to seek reimbursement of scholarship funds should I
fail to attend a qualifying educational institution.

Signature ___________________________________________ Date ____________________