

AACDE
ARKANSAS CONSERVATION DISTRICT
EMPLOYEES ASSOCIATION SCHOLARSHIP APPLICATION

OBJECTIVE

To provide financial support to a district employee or member of their family who is participating in a Resource conservation curriculum (not required but preferred) with an accredited college or university. Attainment of a degree is not required.

ELIGIBILITY

If the applicant is a district employee, they must; (1) be currently employed by a Conservation District of Arkansas and; (2) have demonstrated integrity, ability and competence in their work and possess skills gained through training or experience and; (3) provide information substantiating enrollment at an accredited college or university.

Otherwise, the applicant must; (1) be a family member of a Conservation District employee and; (2) demonstrate an interest in soil and water conservation; (3) provide information substantiating enrollment at an accredited college or university. A family member is defined as a spouse, child, parent stepchild, stepparent, daughter-in-law, son-in-law or grandchild. The scholarship is not available to the general public.

AMOUNT

The scholarship amount will be \$1000.00.

SCHOLARSHIP PRESENTATION

Applications may be obtained at any Arkansas Conservation District office. Scholarship applications will be judged by the AACDE scholarship committee at the AACDE mid-year meeting. The successful applicant will be notified after the meeting. Scholarship money will be disbursed by AACDE upon receipt of information substantiating enrollment.

APPLICATION DEADLINE

Applications for the scholarship must reach the AACDE scholarship committee by July 31 of each year.

Mail completed applications to Phillip.williams@ar.nacdnet.net or:

David Williams

P.O. Box 768

Hope, AR 71801

(870) 777-8800 Ex. 134

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Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

District Employee: _____ Family Member: _____ (check one)

Relationship (if family member): _____

Name of Conservation District: _____

District Mailing Address: _____

City, State, Zip: _____

District Phone: _____

College or University: _____

College Major: _____

List Positions of Leadership and/or Participation in (4-H, FFA, Student and/or professional organizations, etc.): _____

Signature of Applicant: _____ Date: _____

Please attach the following and submit by July 31:

1. A brief course description and explanation of how it will benefit you professionally and/or personally (1 page).
2. Information substantiating enrollment at an accredited college or university
3. The most recent high school or college/university transcript.
4. Two letters of recommendation.