

**SIBYLLA and KENNETH PETERS SCHOLARSHIP
Undergraduate Application Form**

Fall Spring 20__

Application and all required forms are to be completed and returned to Professional Education Programs Office.

Date: _____

Name: _____ Social Security No.: _____

College Address: _____
Residence Hall or Street City State/Zip Telephone

Home Address: _____
Street City State/Zip Telephone

Date and Place of Birth: _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Do your parents have other dependent children? Yes No Ages _____

Are you married? Yes No Ages of any dependents _____

Spouse's Name _____ Occupation _____

Secondary school attended with year of graduation: _____

Date entered Arkansas State University: _____

Presently employed? Where? _____

Semester hours completed: _____ Cumulative Grade Point Average: _____

Major: _____

Semester and year of Teaching Internship: _____

Expected date of graduation: _____

List part-time and other work experiences: _____

Do you receive financial aid? _____

List honors, clubs, or activities in college and community, stating offices held, if any.

Attachments:

1. An updated transcript.
2. A statement regarding your future professional goals and financial need.
3. Two letters of reference from either current professors or persons that can demonstrate student's teaching performance.