

2025 ARNAHRO JIM COLEMAN SCHOLARSHIP

Application Deadline: March 7, 2025

Incomplete Applications will NOT be considered for the scholarship.

Scholarships will be awarded on April 23,2025 at the Arkansas NAHRO Luncheon to be held at the Wyndham Riverfront Hotel in N. Little Rock.

Arkansas NAHRO Scholarship Program provides Scholarship opportunities to families that reside in, work with, or who otherwise receive housing benefits from one of the member agencies. Arkansas NAHRO awards scholarships annually.

Eligibility Requirements

1. At the time of application for the Scholarship, the applicant and his/her family must reside or receive direct housing benefits and be in good standing through any housing program administered by any agency that, is also, a member in good standing with ARNAHRO.
2. The applicant must have maintained an overall 2.5 GPA for the total of his/her high school career, have earned at least an 18 on the ACT or combined critical reading, math, and writing score of 1290 on the Old SAT or 860 on the New SAT, and commit himself/herself to enrolling in a college or vocational training program beyond high school graduation.
3. **Certification:** The housing agency must complete the Agency Questionnaire and certify that the applicant is a resident of the agency. The agency must certify that it is a member in good standing with ARNAHRO.
4. Applications submitted that are not in accordance with the instructions will not be considered for judging.

The program is competitive, and awards are based on academic achievement, extracurricular activities, family need and community involvement.

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Applicant Name _____ AGE _____

Mailing Address _____ City: _____ State: _____ Zip _____

Applicant email _____ Phone (____) _____

School _____ Graduation Date: _____ GPA: _____ Best ACT score: _____

Academic Major(s) you will pursue, or are pursuing: _____

List University/College/Vocational Schools of interest to you: _____

1. What are your core values? What is important to you? _____

2. What Goals and plans do you have for your future? _____

3. What activities are you involved in outside of school? (EX. Community, Church, etc.) _____

4. What School Clubs, Sports, Activities, etc. are you involved in? _____

5. What responsibilities do you have in the home? (EX. Chores, care of younger siblings, care of elderly, cooking, etc.) _____

6. Do you work? Yes No If Yes, do you contribute money to the home? Yes No

Please list any jobs you have _____

7. Will you be the first in your family to graduate and/or go to college? Yes No

Please explain _____

8. Why did you choose your college major? _____

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9. How have you prepared for college? (EX. Classes you have taken, research you have done, etc.) _____

10. At the time of application, do you know of any scholarships you will be receiving? Yes No

If yes, Please list the Scholarship and the amount of each:

11. What would you use this scholarship for? (EX. Tuition, books, etc.) _____

SCHOLARSHIP APPLICANT SUPPLEMENTARY INFORMATION

This sheet must be filled out by the Applicant.

1. Your Name: _____

2. Name of the head of the household in which you live: _____

3. Your home mailing address: _____

4. Your telephone number with area code: (____) _____

5. You or your home email address: _____

Your Signature: _____ **Date:** _____

Applications must include the following materials according to this **checklist:**

___ The appropriate three (3) page application

___ Agency questionnaire and certification completed and signed by ED staff member with direct knowledge of the applicant and family.

___ A letter of recommendation from the Executive Director, Administrator, or other agency representative.

___ Two (2) letters of recommendation from community leaders-Adults should know you well and can attest to your character, work habits, etc.) (ex. Teachers, coaches, church leaders, employers, etc.)

___ An official (stamped or signed) high school transcript or GED which includes all high school grades through the first semester of the senior year. If the unweighted GPA is not provided on the transcript, please provide this on school letterhead along with student's name and birth date.

___ A copy of ACT or SAT Test scores, if not on official transcript.

___ An essay on "**why you have chosen to pursue the area of study chosen, and what influenced your choice of that area of study**". (150-300 words) **ESSAYS MUST BE TYPED.**

___ Applicants are allowing ARNAHRO use of their photographs unless they state otherwise in writing.

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SUBMISSION

Scholarship Application with accompanying documentation and information must be submitted directly to:

Arkansas NAHRO Scholarship Program

1004 Illinois Street

Hot Springs, AR 71901

or

Linda Langan, llangan@hshousing.org, 501-624-4420 ext. 109

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP

All applications for the 2025 Scholarship Program

MUST be postmarked or received by email no later than March 7, 2025.

Applicants are allowing ARNAHRO the use of their photographs unless they state otherwise in writing.

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Agency Questionnaire & Certification

MUST BE COMPLETED BY Executive Director or Knowledgeable Staff Member

Must include a picture of the applicant taken by the recommending Agency.

A. FAMILY INFORMATION

Name of Scholarship Applicant: _____

Name of parent(s) or guardian(s): _____

1. Number of dependents living in the home _____ and ages _____

2. Is applicant a member of a Single Parent Household? Yes No

3. What are the sources of income for the family?

Employed Social Security SSI Disability Other _____

Total Household Income Range:

\$0-15,000. \$15,001-30,000. \$30,001-45,000. \$45,001 and above.

4. Does the scholarship applicant work? Yes No

If Yes, do they contribute any money to the household? Yes No

5. Does the family have reliable transportation? Yes No

6. Has the applicant displayed any bad behavior while in housing? Yes No

7. Do you feel the applicant is a good candidate for the ARNAHRO Scholarship? Yes No

Please explain why _____

8. Does this family have any special circumstances you feel would impact the committee's decision?

Yes No If Yes, please explain _____

B. CERTIFICATIONS

I hereby certify that _____ (applicant name) is and has been a resident or participant in good standing in the _____ (list one: public housing, section 8, other) housing program administered by this agency since _____ (date). I also certify that the family income and information above is accurate as of the last family certification on file and the income is equal to or less than HUD's "low income" limit for the family size and locality. I also certify that the _____ agency is a member in good standing of the Arkansas Chapter NAHRO.

Name of Executive Director _____

Name of Staff Member who completed Questionnaire _____

Address of Agency _____

Agency phone # _____ Agency Email: _____

Signature of Executive Director/Staff Member

Date