

Little Rock (AR) Chapter

Scholarship Application (May Be Duplicated)

STUDENT PROFILE

Last Name	First_			_Middle Initial	
Address			;	Zip Code	
Home Phone	Cell		Email		
Date of Birth					
Month	Day	Year			
Current Senior High Sch	nool		City	Year	
Cumulative GPA	Class Rank	SA1	Score	ACT Score	
Intended Field of Study	and College				
Parents/Guardian: Mot	ther				
Father					
Address					
Parents/Guardian Occu	pation: Mother				
Father					
Home Phone	Cell	#		_Email	
Number of siblings in h	ousehold				
	ı	NVOLVEM	ENT		
1. School Activities					

REQUIREMENTS: THE FOLLOWING M	UST BE SUBMITTED WITH THIS APPLICATION.
Be sure to check off each item listed b	elow:
✓Official Transcript	Attached Photo (Head Shot)
√Two (2) letters of recomm	nendation (Community, Church, Teacher, School Counselor)
✓ Essay: Select one (1) topi	ic from the 4 topics listed below to express your written
opinion, use 250-300 words wi	th essay topic. The topic and student's name must be
placed on the essay page.	
Essay Topics	
1. Gun Violence – How can gu	n violence be eradicated in the United States?
	Should former President Donald Trump be permitted to ted States? Why? Why not?

- 3. Food Deserts Food deserts in Arkansas have an impact on citizens accessing adequate food for families. How can we eliminate food deserts?
- **4. Empowerment of Women –** As a young lady with influence, how would you use your platform to support women's wellness, confidence, and self-esteem? Why are these factors important in today's society and how have you made an impact already with your influence? Share three examples.

PLEASE NOTE:

The application MUST BE COMPLETED, IN ITS ENTIRETY and submitted to the counselors' office for proofing by **MONDAY, APRIL 1, 2024.**

Students or counselors MUST MAIL the applications to the following address:

The Little Rock (AR) Chapter of The Links, Incorporated

P.O. Box 56021

Little Rock, AR 72215

APPLICATIONS WILL NOT BE ACCEPTED AFTER MONDAY, APRIL 8, 2024.