Arkansas Association for Healthcare Engineering, Inc.
Arch Gilchrist/Curt Belin Scholarship Grant
419 Natural Resources Drive
Little Rock, AR 72205
501-224-7878

College Student Application Form
Application Deadline December 31st

Date:______________________________

I hereby apply for a grant under the terms of the Arch Gilchrist/Curt Belin Scholarship Grant in the amount of $ _______________ to assist in the payment of my educational expenditures while in full-time attendance during the semester of the academic year _______________ - _______________.

(cross out the words which do not apply) Fall Winter Spring Summer

1. **Personal Information**

Name: __________________________________________________________________________________

First    Middle Initial    Last

Home Address: ____________________________________________________________________________

Number and Street    City    County    State and Zip

Date of Birth: ___________________________________    Marital Status: Single    Married

Please enclose two (2) letters of reference from persons in your community as character references application. List below the names and addresses of these individuals.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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State the specific course of study you plan to pursue in college and what occupation or profession do you plan to enter.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Name of the AAHE (Arkansas Association for Healthcare Engineering, Inc.) member and your relationship.

<table>
<thead>
<tr>
<th>AAHE Member Name</th>
<th>Relationship</th>
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II. Educational Experience

List all colleges/universities complete with address and number of years for each college/university you have attended. Please enclose transcripts from all those listed below.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date you plan to graduate _______________________________  Cumulative grade point average (GPA)________

List all honors you have received, activities or organizations in which you participated and offices you have held. Please give dates for each.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

III. References

Please enclose three (3) letters of reference from college professors, list below their names and addresses.

Name     Address

Name     Address

Name     Address

IV. Income and Resources

If you are now working, give name/address of your employer, hours worked per week and salary

Name     Address     Hours worked per week  Salary

Do you plan to continue working while attending college? __________________________

List below all other pertinent information concerning your earnings, other financial assets or obligations that would be helpful in assessing your financial needs for this grant.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
V. Student Loans or Grants

Have you received a previous educational loan or grant? ________________________________

If yes, in what amount $_________________________

Granted through __________________________________________________________________________________________________

College/University ___________________________ Date

VI. Certification

Statement of Parent or Guardian (for applicants under 21 years of age)

I ________________________________________________, have read the foregoing application in full and hereby state

Name of Parent/Guardian

that with my knowledge ______________________________________________ is applying for a grant in the amount of

Name of Applicant

$______________________ to further his/her education at __________________________________________________

College or University

Parent /Guardian Address _____________________________________________________________________________

Date ______________________________ Signature __________________________________________________

All materials must be received by December 31, please mail to:
AAHE Scholarship Committee
419 Natural Resources Drive
Little Rock, AR 72205
501-224-7878

This section to be completed by the Arch Gilchrist/Curt Belin Scholarship Grant Committee

Granted in the amount $ ______________________

Not granted for the following reasons:

________ Lack of adequate and available funds.

________ Student’s need for grant not effectively established.

________ Other reasons (specify) ______________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

_________________________________  __________________________________________________

Date      Scholarship Committee