



**ARKANSAS LUMBER DEALERS
SCHOLARSHIP APPLICATION**
Deadline: March 16, 2018

FOR OFFICE USE ONLY:
Application No. _____
Date Received _____

ELIGIBILITY REQUIREMENT: Must be an employee or the child of owner or employee of an MLA Member lumberyard in Arkansas or sponsored by the owner or manager of an MLA Member lumberyard located in Arkansas and have a desire to work in the independent retail lumber industry. A GPA of 3.25 or better is required.

A. FINANCIAL INFORMATION:

1. How much can you contribute to your education per year? _____
2. How much is your family able to contribute per year? _____
3. Are you currently employed ___yes ___no If yes, where? _____
4. Do you plan to be employed while in school? ___yes ___no If yes, where? _____

Please complete the estimated budget below on the basis of cost per year.

EXPENSES PER YEAR

REVENUE PER YEAR

Tuition and Fees: _____
Books and Supplies: _____
Room/Rent: _____
Board/Meals: _____
Total Expenses per Year: _____

Savings/Assets: _____
Money from Others: _____
Part-Time Job: _____
Scholarship, Grants, etc.: _____
Total Revenue per Year: _____

Please list all other scholarships, awards, loans, grants or financial aid you have been granted for the upcoming school year. If none, write, "NONE."

Name of Scholarship/Award/Financial Aid

Value

_____	_____
_____	_____
_____	_____
_____	_____

B. EXPERIENCE AND INVOLVEMENT

List your employment and/or work experience.

Company

Phone Number

Length of Employment

Supervisor

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space provided below, summarize your vision of the future of the independent retail lumber industry and how you can and will play a part in that future.

C. COUNSELOR OR ADVISOR

This is to certify that (student name): _____
Ranks _____ out of _____ students in class on (date): _____
Has a cumulative GPA of _____ on a 4.00/11.00 point grading scale.
Has a composite ACT/SAT score of _____.

Please include any information that you feel might be of assistance to the selection committee in the space below.

High School Counselor's or College Advisor's Signature

D. PERSONAL INFORMATION - ALL APPLICANTS MUST SUPPLY A RECENT PHOTOGRAPH WITH THIS APPLICATION!

Applicant's Name: _____

Address: _____

Telephone Number: _____

Parent(s) Name(s): _____

Applicant's Date of Birth _____ Social Security No. _____

Marital Status: _____

Where do you plan to attend, or are you currently attending college? _____

Have you applied for admission? YES NO Have you been accepted? YES NO (If yes, please include a copy of letter)

What course of study do you plan, or are you currently pursuing? _____

If applicable, please attach current post-secondary transcript.

ALL APPLICANTS MUST SUPPLY A RECENT PHOTOGRAPH WITH THIS APPLICATION!

E. ATTENTION: OWNER/MANAGER

Please attach a letter of recommendation for the student you are sponsoring, include any information that you feel would be of value to the selection committee:

Owner's/Manager's Signature: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax No. _____

E-Mail Address: _____

PLEASE RETURN BY March 16, 2018 TO:



**Arkansas Lumber Dealer Scholarship Committee
C/O Mid-America Lumbermen's Association
P.O. Box 419264
Kansas City, MO 64141-6264
PH: 816-561-5323; FX: 816-561-1249**

Incomplete applications or those without a photo of applicant will not be considered for scholarship award.