

SWAHSRA SCHOLARSHIP APPLICATION FORM
2024-2025

NAME: _____

BIRTH DATE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

1. SWAHSRA member for how many years? Which Grades?

2. Name the SWAHSRA events you compete in?

_____ <mailto:cbarl.farms@yahoo.com>

3. Contact Information for the school you graduated from?

School Name _____

School Email _____ School Graduation Ceremony Date: _____

School Phone # _____

4. Post secondary edu: University _____ College _____ Vocational School _____

Community College _____ Trade School _____

5. Name of School _____

6. School Address _____

7. Why did you choose this particular school?

8. Proposed Course of Study:

Please fill this form out completely and attach the following requirements

- a. An official transcript of your most recent academic record
- b. A statement from your school principal or one of your teachers summarizing your academic record and character
- c. A copy of a letter confirming your acceptance into the institution you plan to attend, if available

Please fill this out in its entirety and enclose any additional documents and mail to

SWAHSRA

C/O James Singleton

233 Katy Lane

Hope, Arkansas 71801

Postmark by May 1, 2025