

SWAHSRA SCHOLARSHIP APPLICATION FORM

2025–2026

NAME: _____

BIRTH DATE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

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

2. Name the SWAHSRA events you compete in:

3. Contact information for the school you graduated from:

School Name: _____

School Email: _____ Graduation Date: _____

School Phone #: _____

4. Post secondary education (check one):

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 attach the following:

- Official transcript of most recent academic record
- Statement from principal or teacher summarizing academic record and character
- Acceptance letter from institution (if available)

Mail completed application and documents to:

SWAHSRA

C/O James Singleton

233 Katy Lane

Hope, Arkansas 71801

Postmark by April 1, 2026