

International Student Scholarship Application

I. General Information

Date of application _____ SSN _____ (if applicable)

Last Name _____ First name _____ Middle _____
(Family) (Given)

Address _____ Phone _____

City or town _____ State/Country _____ Postal code _____

Date of birth _____ Type of visa _____
(month/day/year)

Parent's or guardian's name & address _____

Date of entrance to SAU _____ Email address _____

II. Secondary Education

SAT scores* Critical reading _____ Math _____ Writing _____
or ACT composite score _____

Date of Secondary School Completion _____

III. Student Authorization

I, _____, certify that I will be a first-time college/university student and
have not attended any post-secondary institution previous to this application.

Signature of Applicant _____ Date _____

* Please attach an official copy of the SAT or ACT scores to this application. Mail completed application to:

International Student Services
P.O. Box 9224
Magnolia, AR 71754-9224

or fax to: 870-235-5096

