## Sue Darby Gaston Memorial Endowed Scholarship Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instructions | | | | | | | | | | | | | | | | |
| The Sue Darby Gaston Memorial Endowed Scholarship is awarded on a competitive basis to a Kappa Kappa Gamma undergraduate student with demonstrated financial need and criteria listed below.    Carefully and succinctly answer all questions below. Applications must be typed.  The Sue Darby Gaston Memorial Endowed Scholarship will accept applications that meet the following criteria:   1. Applicant is a member of the Gamma Nu Chapter of Kappa Kappa Gamma Sorority 2. Demonstrated leadership and community service 3. Demonstrate need for financial assistance to continue as a student at the University of Arkansas, Fayetteville 4. Enrolled full time for the period scholarship is awarded   Return completed application via email to Carolyn Shoemaker at [saawards@uark.edu](mailto:saawards@uark.edu).  Alternatively, you may submit your application by mail to: Carolyn Shoemaker  Division of Student Affairs  325 Administration building  1 University of Arkansas  Fayetteville, AR 72701      **The application deadline is Wednesday, May 30, 2018*.***  *Note: All recipients will need to submit a thank note within 14 days after notification. If a thank you note is not received, the scholarship will be awarded to the next qualified applicant.* | | | | | | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Applicant Name: |  |  |  |  |  | Student ID: |  | |  | Last |  | First |  | MI |  |  | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Local Address: |  | |  |  | |  |  |  |  | |  | *Street* | |  | *City* | |  | *State* |  | *Zip* | | Permanent Address: |  | |  |  | |  |  |  |  | |  | *Street* | |  | *City* | |  | *State* |  | *Zip* | | Email Address: |  | Phone Number: | | |  | | | | | |  |  |  | | |  | | | | | |  |  |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| Class Status (Please select one): | | | ☐ | Freshman | | | ☐ | | Sophomore | | | ☐ | | Junior | ☐ | Senior |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Major: |  | | Minor: |  | |  | Number of hours completed: |  |  | | Cumulative GPA: | |  |  | | Number of hours currently enrolled: | | |  |  | | | | | | | | | | | | | | | | | |
| I plan to graduate in: |  | Spring | |  | Fall |  | | Summer | | of 20 |  | |  | | | |
| How did you hear about this scholarship? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Describe your University of Arkansas campus involvement and leadership positions and how you have benefited from them. You may also include part-time employment (250 words or less): | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | |
| Explain your Kappa Kappa Gamma leadership involvement and positions held since joining the sorority. Include your proudest accomplishments. (250 words or less): | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | |
| Discuss your financial need for the upcoming academic year. Include any other university and outside scholarships that you will receive (250 words or less): | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | |
| What are your career goals at this time? (250 words or less): | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | |

Before submitting this application, be sure to save the document as a .pdf and print a copy for your records.



***Application Deadline – Wednesday, May 30, 2018***