LITTLE ROCK SCHOOL DISTRICT

Rockefeller Scholarship Award 2016-2017 School Year

Congratulations! You are eligible to apply for the Rockefeller Scholarship Award (RSA). This scholarship will be awarded your 1st and 2nd semester only, based on your eligibility of maintaining a 2.5 or better cumulative GPA your first semester and enrollment of 12 semester hours for the following semester. You must submit a copy of your transcript and schedule for the following semester for eligibility.

Note: **Eligibility must be verified by your school's counselor**

If you do not enter a college/university by the second semester of the academic years—in which you graduate, this scholarship award will be automatically forfeited. An application must be completed and a printed copy submitted to your school's counselor.

Name:				
	Last	First		MI
Address	, City, State, Zip			
Telepho	ne Number Age Date of	Birth	Birthplace	
High Sch	nool(s) Attended: Include -School/Lo	cation/Dates		
High Scl	hool Credits Earned to Date			
Expecte	ed Graduation Date:			
Have yo	ou been approved for Early Graduation	າ (Put "X" in Box)	Yes No	
If yes, D	Pate of Graduation]

List of service or academic organizations (extra-cu	rriculum activities may substitute)				
1.					
2.					
3.					
4.					
College/University Acceptance and Date of Enrollm	nent:				
Four year Institution Name	Four Year Institution				
Enrollment Date Phone Number	Address				
Date of Acceptance (Letter of Acc	eptance must be attached to this application)				
Parent(s)/Guardian(s) Signature Date					
To be completed by school official only					
I certify that as completed &/or is enrolled in all courses required for graduation from the Little Rock School District.					
Courses needed for graduation \					
*This application is incomplete without the reque	ested signatures.				