Arkansas Community Colleges Academic All-Star

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Application (to be completed by the student)

Name			
(Please print your name as	s you would like it to	appear in the conf	erence program.)
Mailing Address			
City	State		Zip Code
Daytime Phone		Date of Birth	Month/Day/Year
Name of College: SEARK C	<u>ollege</u>		Monuni Dayi reai
What is your college major / o	course of study?	You may indid	cate more than one.)
Which degree(s) do you expe	ect to receive?		
Associate of Arts	Associa	te of Science	Associate of Applied Science
What is your cumulative GPA	.?		
How many credit hours do yo	u expect to com	plete by June 1	, 2019?
On what date do you expect	to graduate from	n SEARK?	
After graduating from SEARK,			ar institution?YesNo
(If yes, what is your ultimate	degree objective	9?)	
Baccalaureate	Master	D	octoral
Describe your long-range goa	als and career a	mbitions.	

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	ademic enrichment programs (such as academic study or ams while at SEARK. Include the type of program and the dates
Describe service to your college and commu church/community involvement).	nity (such as leadership roles, volunteer work and other
	st meaningful educational experience while attending your two- or <u>less</u> , double-spaced and 12-point font. Attach the essay to this instructions.
your behalf. Provide to them a copy of Recommendation Form. Note that one form	elor, or other) from SEARK to write letters of recommendation or of your completed application, essay, and the corresponding m addresses leadership abilities, and one addresses college and dation Forms and letters per your college's instructions.
I hereby authorize the Arkansas Community	Release of Information Colleges (ACC) to use the information provided in my application, y media release associated with the program.
Applicant's Signature	Date