



SOUTHEAST ARKANSAS COLLEGE FOUNDATION FACULTY RECOMMENDATION FORM

P.O. Box 2860 | Pine Bluff, AR 71613 | 870-543-5900 | seark.edu

Instructions:

If the student you recommended is chosen, you will be contacted to help notify the student. Student recommended must turn in a new application each semester or as required by scholarship criteria. All students who receive a scholarship will be required to meet the Foundation Scholarship requirements listed below.

The student must:

- 1. Have completed credit 12 hours at SEARC
- 2. Have a 2.0 Cumulative G.P.A. at SEARC
- 3. Be recommended by a current Faculty Member

Each Scholarship Semester student must:

- 1. Enroll in at least 6 hours
- 2. Complete at least 6 hours
- 3. Make a 2.0 G.P.A.

Student Recommended: (Please Print Information If Available)

Student's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ SEARC Student ID# _____

SEARK Student College E-mail: _____

Academic Information:

Semester for which recommendation is being made (Circle Term) **Fall** or **Spring** and **Year** _____

Nepotism Statement:

Are you related to the student recommend for the scholarship? Yes No

A student related to you can only receive a scholarship if exclusively based on academic merit.

If yes, please identify the relationship: _____

Authorization Information:

I give the SEARK Foundation, the right to use my name, story, and picture to recognize my recommendation of the student. I will attend required ceremonies or receptions if possible. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship. **(Place Your Initials Here)** _____

I grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Faculty Name: (Please Print) _____

Faculty Signature _____ Date: _____

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Financial Aid Office Use Only:

Fin. Aid Office Signature: _____ Date: _____ Applicant GPA: _____ Scholarship Amount: _____

Foundation Office Use Only:

Foundation Executive Director or Designee Signature: _____

Scholarship Awarded: _____ Date: _____