

**Baptist Health College Little Rock**  
**2021-2022 Foundation Scholarship Application**

Completed applications must be submitted to the BHCLR Financial Aid Office by

**May 7, 2021 by 4:00pm NO EXCEPTIONS!!**

<b>NOTICE TO APPLICANTS</b>			
Award amounts are subject to availability of funds and contingent upon recipients being in good standing with BHCLR. The program is competitive and students must submit <b>ALL</b> information requested below. Incomplete applications <b><u>will not</u></b> be considered. As a scholarship recipient, you will be expected to send a thank you note to the donor of your scholarship via the Baptist Health College Financial Aid Office.			
<b>PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)</b>			
Last Name		First	MI
Address		BHCLR Student ID	
City	State	ZIP	Grade level for upcoming semester
County		Hometown County	
High School Graduated From			
<b>PROGRAM ENROLLED</b>			
Applicants must be enrolled for the Fall 2021 Semester. <b>GEN. ED/Re Entry STUDENTS ARE NOT ALLOWED TO APPLY.</b>			
<b>FAFSA</b>			
<b>NOTE:</b> All scholarship applicants <b>must</b> complete and send a (2021-2022) FAFSA to BHCLR by June 15, 2021 to be considered for an endowed scholarship. FAFSA may be completed at <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a> . If you have already completed a FAFSA, make sure it has been sent to BHCLR by adding our school code, 031052.			
<b>ADDITIONAL REQUIREMENTS</b>			
<b>1. Please list all honors or awards you have received and/or any volunteer or community involvement in which you have participated <u>in the last 3 years</u>. Feel free to attach an additional sheet if needed.</b>			
<b>Name and Description:</b>		<b>Dates:</b>	
<b>2. Please see Page 2 for Essay Instructions.</b>			
<b>DISCLAIMER</b>			
I hereby give the BHCLR Scholarship Committee, and those acting on its behalf, permission to examine my transcripts, discuss my application with appropriate BHCLR staff and review my financial records held by the BHCLR Financial Aid Office should this be pertinent to my scholarship application.			
I understand that if I receive a scholarship my name will be released to the scholarship donor, the Baptist Health Foundation and BHCLR and may be used as they see fit.			
Signature		Date	

**2. Answer the following essay questions. Please enter your responses in the space provided. Type or print legibly.**

***A. Tells us about your greatest strength and weakness?***

***B. Why should we select you for this scholarship?***

***C. What is one mistake you have learned from?***

***D. Brief us about a time when you overcame adversity***