

**DENVER E. AND RUBY NETTLES
MEMORIAL SCHOLARSHIP APPLICATION**

Name _____ Birthdate _____

Address _____

City/State/Zip _____ Home Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

The following information must be certified by your high school counselor. A copy of your permanent high school record must be attached.

This student will graduate from _____ High School and will rank (scholastically) number _____ from the top in a class of _____ students. High school G.P.A. is _____ on a 4.0 scale. ACT composite score: _____

Certified by _____
Counselor's Signature *Date*

List high school activities: (organizations, offices held, honors and awards) _____

Describe your vocational goals and financial need: _____

Applicant's Signature Date

Return completed application to: Agriculture Department c/o Jerry Sites/Chuck Wisdom
Arkansas State University – Beebe
P. O. Box 1000
Beebe, AR 72012-1000

Completed application is due by March 30, 2012