**THE ROBERT (BOB) AND MARIA TERESA FRANS SCHOLARSHIP**

**ARKANSAS-EAST BOLIVIA PARTNERS OF THE AMERICAS**

APPLICATION PROCEDURE

To be considered for this $500.00 scholarship, you must submit the following:

1. Completed application form (attached).
2. One Copy of each post-secondary transcript.
3. Two letters of recommendation from either your current or former professors, members of the Arkansas chapter of the Arkansas-East Bolivia Partnership, or host family members.

Application materials must be received by the Arkansas-East Bolivia Partners of the Americas **no later than November 15**. You will be notified by the Arkansas-East Bolivia Partners of the Americas soon thereafter. Your application should be sent to the following address:

Arkansas-East Bolivia Partners of the Americas

c/o Dr. Margaret Clark

PO Box 704

Fayetteville AR 72702

OR

Attachments via email to: mclark@uark.edu

SELECTION CRITERIA

* Applicants must be citizens of Bolivia
* The award is based on financial need, academic performance, and letters of recommendation.
* The scholarship is awarded for one academic year.
* Prior scholarship recipients are not eligible to reapply.

**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UA ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name Given Name

Scholarship

Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: FR SO JR SR GRAD

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UA College of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UA Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UA degree pursued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE WRITE ON THIS APPLICATION TO COMPLETE THE QUESTIONS BELOW. ATTACH ADDITIONAL PAGES ONLY IF YOU NEED MORE SPACE FOR YOUR ANSWERS.**

1. Describe your academic background and objectives to be achieved while at the University of Arkansas.
2. Describe your future life goals.
3. List all honors and awards you have received (including current scholarships).
4. Explain what your financial needs are. Include how you are presently paying for your education.

**PLEASE LIST THE NAMES OF THE PERSONS PROVIDING RECOMMENDATION LETTERS. ASK THESE PERSONS TO SEND THEIR LETTERS DIRECTLY TO DR. MARGARET CLARK AT THE ABOVE ADDRESS**.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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