

Safe Arkansas Scholarship Application Form

STUDENT INFORMATION

Name (Last, First, MI): _____

Are you a U.S. citizen or otherwise authorized to work in the United States? ___ Yes ___ No

Name and city of school you are attending or planning to attend: _____

Present mailing address (Street, Apt. # City, State, Zip code): _____

Telephone #: _____

E-Mail: _____

College Student ID#: _____

ACADEMIC INFORMATION

Schools	Address	Dates	Degree / Major	Date of Graduation

Current Major(s): _____

Highlight honors or awards that you have received:

Is there any other relevant information you want us to consider when reviewing your application?

CERTIFICATION:

The undersigned scholarship applicant hereby grants permission to use his/her name and to publish his/her video (in whole or in part) or use his/her Entry (in whole or in part) in all promotional and other activities relating to the scholarship, including, but not limited to, publication in written materials, posting on websites and other social media, and use in radio and television broadcasts. In the event that a Scholarship applicant participates in any promotional or other activity relating to the Scholarship, the applicant authorizes Law Offices of Alan LeVar to use, re-use, publish, re-publish, and copyright audio and/or visual reproductions of the applicant's voice and/or image, alone or with other persons, with or without use of the applicant's name.

I hereby certify that the information I have provided on this Application Form and in any attached materials is true and complete.

Applicant Signature: _____

Date: _____

Return completed application and requisite materials by e-mail to levarlawoffice@gmail.com by June 30th

Law Offices of Alan Levar

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