

Clementine Mathis Rouse Scholarship Fund

Application Information

The Fund

The Clementine Mathis Rouse Scholarship Fund is a scholarship program established by the five children and a granddaughter of Mrs. Clementine Mathis Rouse. The Fund was established in November 1994. The purpose of the scholarship award is to assist students in the Little Rock, North Little Rock and Pulaski County School Districts in pursuing a program of undergraduate education or a vocational/technical trade. Scholarship amounts vary. A Selection Committee makes award determination.

Eligibility Requirements

All graduating seniors (this school term) in the Little Rock Public School District, North Little Rock Public School District, and Pulaski County Special School District pursuing an education through a two- or four-year institution, including vocational/technical institutions, are eligible to apply for the scholarship. The student must have a C average. There are no restrictions as to the college/university or vocational/technical school to be attended or the curriculum to be followed. To qualify, an applicant must be in need of financial assistance and must have demonstrated potential to succeed in the education curriculum to be pursued. Factors considered in addition to financial need are character and citizenship, industry and effort, and grades received to date in high school.

Applicants cannot be related to a Clementine Mathis Rouse Scholarship Fund employee, director, or selection committee member by blood or marriage. Relations are defined as: applicant's parent, grandparents, uncles, aunts, and other descendants, brothers, sisters, their spouses and descendants.

Selection Criteria

- Scholastic performance while in high school, graduating with a C average or better.
- Application or acceptance as a full-time, first year student in an accredited post-secondary educational certificate/degree program, e.g., a four-year or two-year technical college, or other educational institution. Such institutions must be tax-exempt educational institutions under the Internal Revenue Code.
- All awards will be made without regard to race, creed, color, sex, religion, or national origin.
- A selection committee appointed by the Board of Directors of the Fund selects the Clementine Mathis Rouse Scholar.

Scholarship Award and Renewal

Each scholarship is for one year of full-time academic study or training. However, individual scholarship awards may be renewed for a maximum of four years for students attending a college or university or four-year vocational programs. Scholarships are paid directly to students. The scholarship recipient must furnish evidence of satisfactory academic progress to the Fund at the end of each semester or quarter.

The amount of the scholarship award varies.

Terms and Conditions of Scholarship Award

The following terms and conditions provide the basis for your participation as a Clementine Mathis Rouse Scholar. Failure to abide by these conditions shall constitute sufficient reason for the termination of your scholarship. Awards will be made in two equal payments.

1. The scholar will supply the Fund with an official transcript of each semester's/quarter's grades as soon as they are available.
2. The scholar will maintain a C grade point average and status as a full-time student to avoid being placed on scholastic probation, and to complete the course of study in the term allotted.
3. The scholar will notify the Fund of any change in plans, such as interruption of attendance, transfer to another college, or discontinuance of college, or marriage.
4. If the scholar transfers to another college, he/she is expected to provide the Fund with an official statement from the college, indicating that he/she has been granted admission.
5. If the scholar interrupts school attendance by more than a normal summer vacation, the scholarship will be terminated.
6. The scholar will furnish the Fund additional information upon request.
7. The Clementine Mathis Rouse Scholarship award is for one year, but is renewable.
8. The Clementine Mathis Rouse Scholarship award is to cover tuition, books, fees, or miscellaneous educational expenses as designated by the recipient.

9. Award payments will be made as soon as (a) the recipient has signed and returned the Scholarship Agreement form to the Fund; (b) the recipient has notified the Fund of the college/university or vocational/technical school in which the scholar intends to enroll; and (c) the college/university or vocational/technical school has verified the student's enrollment.
10. If the scholar withdraws from the educational institution, the award will be canceled and the unspent portion, if any, must be returned to the Fund.

Repayment

Scholarship awards by the Fund are outright gifts and are not subject to repayment.

Application Procedures

Applications for the Clementine Mathis Rouse Scholarship Fund are available at all area high schools.

The procedures and requirements in submitting and preparing applications are as follows:

1. The application form is made available by the Fund to the Little Rock, North Little Rock and Pulaski County Senior High Schools. The school counselor's office will make the application packet available to eligible students.
2. Complete the scholarship application form. The form should be typed or legibly printed.
3. Have the school counselor complete the *Recommendation and High School Academic Status Report* and return it to the Fund with a copy of your transcript.
4. Have a teacher and/or two other adults (other than a family member) to complete the enclosed *Recommendation Form* and return the forms to the Fund.
5. The applicant is responsible for seeing that all materials are postmarked and returned to the Fund on or before the deadline for receipt of applications. The application and other supporting documents should be mailed to:

Clementine Mathis Rouse Scholarship Fund
P. O. Box 45103
Little Rock, AR 72214

Applications which are not complete by the deadline will not be considered. No exceptions will be made.

6. All materials must be neat and legible. Supplemental materials must be clearly labeled and attached to the primary document. **Income information must be included or applicants will be automatically excluded.**
7. If the applicant receives a grant or scholarship from another source prior to the time the Fund scholarships are determined he or she should accept it because this will not affect the receipt of a Clementine Mathis Rouse Scholarship.
8. The applicant is responsible for knowledge of tax regulations regarding scholarships.

Important Dates

Second Week in September	First day of program application period. Complete application forms and return to the Fund.
January 31	Deadline for returning completed applications to Fund. Applications must be postmarked no later than January 31 to be considered for current year's program.
First Week in March	Scholarship award announced by Fund.
Third Week in March	Award presented at annual scholarship dinner.
August/September of current year	Award payment issued by the Fund.

Additional Information

If you need additional information on materials, please contact:

James W. Rouse, Jr.
Executive Director
501-776-3647

Clementine Mathis Rouse Scholarship Fund Application Form

Name _____
Mailing
Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security No. _____

High School Data:

School
Name _____

Principal _____ School's Telephone _____

Address _____

City _____ State _____ Zip _____

Post-Secondary School Data: (Name of school(s) to which applicant has been accepted or where applications have been sent in order of preference)

School Name _____ City _____ State _____

School Name _____ City _____ State _____

School Name _____ City _____ State _____

4-yr college/Univ. community college voc/technical
 I will live: on campus off campus home with parents
 with spouse

Major course of study _____

Anticipated date of graduation (month/year) _____

Work Experience: Describe your work experience during the past four years.

Company	Position	Dates	Hrs Wk	Amt. Earned

Letters of Recommendation: Please provide the following information on the people you. asked to write letters of recommendation.

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

Financial Information: This section must be completed for consideration.

Applicant is considered ___ Independent: gross income \$ _____
___ Dependent: parent's gross income \$ _____
If dependent, total size of parents household including applicant _____

<u>Student Budget:</u>		<u>Anticipated Resources:</u>	
Tuition & Fees	\$ _____	Parent Contribution	\$ _____
Books & Supplies	\$ _____	Student Contribution	\$ _____
Room & Board	\$ _____	Spouse Contribution	\$ _____
Personal Expenses	\$ _____	V.A. or S.S. Benefits	\$ _____
Transportation	\$ _____	Other Loans	\$ _____
Other(List) _____	\$ _____	Other Scholarships	\$ _____
_____	\$ _____	Other(List) _____	\$ _____

Total Budget: \$ _____ Total Resources: \$ _____
Assessed Need (Budget less Resources): \$ _____
Number of children in household _____
Number of children currently enrolled in college _____

Application Checklist: This application for a scholarship becomes complete and valid only when you have returned the

- Application Form
- Statement of Aspiration and Goals
- Current Transcript of Grades/School Recommendation Form
- Federal tax return (1040) yours, if independent or parent(s)/guardian(s)
- Letters of Recommendation (2)

Certification: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature: _____ Date: _____

**Postmark Deadline is January 31 of current school year
(date of postmark)**

**Clementine Mathis Rouse Scholarship Fund
Recommendation and High School Academic Status Report**

To be completed and mailed by the proper authority (Counselor or Principal) at your high school.

Counselor or Principal: With a limited amount of available funds, your appraisal will be most important to this student. Please give this your immediate attention.

Student's Name _____ **Social Security No.** _____
Address _____
City _____ **State** _____ **Zip** _____

Grade Point Average (GPA must be based on 4.0 scale) _____
Please enclose official transcript.

- A. How well have you known the student?
 Very Well Fairly Well Limited Contact
- B. Please answer the following questions based on your knowledge of the student.
1. Based on the student's ability and capability, do you think the student's career choice is wise and realistic? Yes No
 2. Has this student demonstrated positive school and community Citizenship? Yes No
 3. Do achievement or performance records reflect this student's Ability? Yes No

If you answered "No" to any of the above questions, please explain:

- C. Does this student exhibit personal qualities indicating that he/she is willing and able to cope with rigorous demanding college or vocational/technical requirements. (Elaborate.)
- _____
- _____
- _____
- _____
- _____

D. Unusual circumstances or factors which you feel warrant special attention (including financial):

Certification: All of the information on this form is true and complete to the best of my knowledge.

Counselor or Principal's Name

Signature

School

Telephone

Address

City State Zip

Mail form to:

**Clementine Mathis Rouse Scholarship Fund
P. O. Box 45103
Little Rock, AR 72214**

**Deadline: January 31 of current school year
(date of postmark)**

Clementine Mathis Rouse Scholarship Fund Recommendation Form

Name of Applicant _____
 Address _____

 City _____ State _____ Zip _____

The above named student is applying for the Clementine Mathis Rouse Scholarship. Your recommendation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. All recommendations are held in strict confidence and the information you provide will not be released to the applicant or to the applicant's parents.

Please return this recommendation by **January 31** (postmark date). Failure to return this form by the deadline will jeopardize the applicant's opportunity to be considered for this scholarship.

1. What is your relationship with the applicant?
 Academic Personal Employer Other) _____
2. How long have you been acquainted with the applicant?
 All his/her life 5-10 years 3-5 years 1-3 years
3. I know the applicant:
 Extremely well Very well Moderately well Not well
4. Do you think the applicant has the ability and determination to complete his/her educational objectives?
 Yes No Unknown
5. Please rate the applicant in the following categories:

Category	Excellent	Very Good	Average	Below Average	Poor	Unknown
Scholastic achievement						
Cooperation						
Perseverance						
Character						
Personality						
Work habits						
Ability to set realistic goals						
Accepts responsibility						

If you have any additional information or comments about the applicant you feel would be helpful to the Committee during our deliberations, please enter them below.

Additional
Comments: _____

Name of Reference

Signature

Date

Thank you for your help. Please return this form to

**Clementine Mathis Rouse Scholarship Fund
P. O. Box 45103
Little Rock, AR 72214**

**Deadline: January 31 of current school year
(postmark date)**