

Application For
The Robert C. C. Brown, Jr.
Arkansas Historical Black College Scholarship

Name _____
Last First Middle Initial

Permanent Mailing Address _____
Number and Street Address Apt.

City _____ State _____ Zip Code _____

Name of Scipio A. Jones Alumni Relative _____

Applicant Relationship to the Alumnus or Alumni _____

Date of Graduation _____

Certification: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to provide proof of the information on this application if requested. I give permission to the selection committee to review information on this form, my transcript, and any additional supporting documentation submitted as part of this application. I give permission to the selection committee to contact high school and/or college officials for additional academic information. If chosen for the scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break for the committee to determine future scholarship eligibility. I further agree if chosen to submit the written essay with the understanding that it can be published on the value of the scholarship award in my academic pursuit.

Print Name

Signature

Date

Please submit your application to:
RCCBJR.Scholarship@gmail.com