October 2019

Dear Counselor Educators/Counselors in Training:

The Hugh Lovett Memorial Scholarship is offered each year by the Arkansas School Counselor Association (ArSCA) to students enrolled in a school counseling Master’s Degree program in the state of Arkansas.

Please help us spread the word by sharing the attached criteria with other faculty, posting the information where it is visible to your school counseling students, and announcing this opportunity in your classes.

Attached you will find a copy of the criteria sheet and an application form. All requested items must be received by the March 1st deadline for an application to be considered.

If you have any question please feel free to contact the scholarship chairperson by email: ddchrist@uark.edu or by phone: (479) 575-3023

Thank you in advance for your cooperation and help.

Sincerely,

David Christian, ArSCA Post-Secondary Vice President
Co-Chair ArSCA Hugh Lovett Memorial Scholarship
Criteria for selection of the Hugh Lovett Memorial Scholarship

The scholarship will be $1,000.00 for one year as long as funds are available.

The award may be made to a student enrolled, at the Master’s degree level, in a counselor education program in Arkansas, with emphasis in school counseling.

Academic promise, need, and evidence of ability to work effectively with young people will be evaluated in determining the award.

Recipients of the award who fail to render at least three full years of service in education in the state of Arkansas may be requested to repay the money to the scholarship fund. Annual contact with the committee chairperson for a period of three years will be appreciated.

The deadline for applications for the scholarship award will be March 1st, and the notification of the winner will be no later than June 1st.

A completed application, copy of college transcripts, and two letters of recommendation will be required of all applicants. One of the recommendations must be from either a graduate level professor or advisor.

The recipient is encouraged to become a member of ArSCA while a student in counselor education. He/she is also encouraged to attend the annual state counselors’ conference (July) after receipt of the scholarship.

Application forms may be obtained from (1) counselor education programs, (2) Arkansas Department of Education Division of Elementary and Secondary Education, or (3) by emailing David Christian at ddchrist@uark.edu.

Completed application forms should be mailed to:

**Hugh Lovett Memorial Scholarship**
**Attention: David D. Christian**
**GRAD 106**
**751 W. Maple St.**
**Fayetteville, AR 72701**
**(479) 575-3023**
APPLICATION FOR THE HUGH LOVETT MEMORIAL SCHOLARSHIP

DEADLINE March 1st
(APPLICANT MAY USE ADDITIONAL PAGES IF NECESSARY)

Name: ________________________________________ Date of Birth: __________________

Address: __________________________________________________________________________

Contact Phone: ________________________________________________________________

City: _________________________________________ Zip Code: ______________________

Email: __________________________________________________________________________

Education: _______________________________________________________________________

Hours Completed in Counseling/School(s) Hours Earned: __________________________

Work Experience: __________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Statement of Intent: __________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Statement of Financial Need: __________________________________________________________________

_____________________________________________________________________________

Marital Status:  □Single  □Married  □Divorced

Spouse’s Name (if applicable): __________________________________________________________________

Spouse’s Occupation (if applicable): __________________________________________________________________
APPLICATION FOR THE HUGH LOVETT MEMORIAL SCHOLARSHIP

DEADLINE March 1st
(APPLICANT MAY USE ADDITIONAL PAGES IF NECESSARY)

Family adjusted Gross Income (last year): ___________________________

Expected Gross Income (this year): ___________________________

Number of Dependent Children: ___________________________

Unusual Expenses/Circumstances: ___________________________