



Arkansas Ready Mixed Concrete Association 2026 General Scholarship Application

ARMCA Members – Please notify/post for all of your employees.

Qualification for those seeking Scholarship

1. Attend college or vocational educational institution.
2. High school graduate
3. Child, grandchild, adopted child, stepchild or spouse of an **employee** of a current member of the Arkansas Ready Mixed Concrete Association (both ready mix producer and associate members).

Instructions for completing application

Apply online at: www.concretearkansas.org or mail application.

1. Application is to be completed by the applicant.
2. All parts of application must be completed.
3. Please type or print.
4. Attach the following to complete the application
 - A. Three (3) character reference letters from someone other than a relative.
 - B. A transcript of courses taken.
 - C. An essay of at least one type-written page detailing your educational and career goals including your need for the scholarship.
5. Mail completed application with attachments to:
ARMCA Scholarship Committee
Arkansas Ready Mixed Concrete Association
3520 W. 69th Street, Ste. 303
Little Rock, AR 72209
6. Completed applications must be received between January 1, 2026 and April 1, 2026 to be considered.
7. Your envelope will not be opened until after deadline – ONLY include scholarship Application and attachments.

Scholarship Amount

1. A one-time scholarship of \$1,000.00
2. You may re-apply each year.

See reverse side for application form.



2026 GENERAL SCHOLARSHIP APPLICATION

Applicant's Name: _____

Applicant's Phone #: _____ Email _____

Permanent Address: _____

City, State, Zip: _____

Age: _____ Marital Status: _____ Number of Dependents: _____

Are you currently employed: Yes: _____ No: _____

Name of current/last employer (if any)? _____

Position: _____ Salary/Wages: _____

Are you a (circle one) child, grandchild, adopted child, stepchild or spouse of a person working for a current member of the Arkansas Ready Mixed Concrete Association

___ Yes: ___ No:

If yes, name employee _____

Phone Number: _____

Name of Company _____

II. Education Institution Applicant is now attending:

Institution Name _____

City, State, Zip: _____

Major: _____ Grade Average: _____

Academic Classification (check one)

_____ High School Senior

_____ College Senior

_____ College Freshman

_____ Graduate Student

_____ College sophomore

_____ Other (Specify)

_____ College Junior

III. Educational Institution in Which Enrollment is desired:

Institution Name: _____

City, State, Zip: _____

Course of Study: _____ Degree Sought: _____

Expected Date of Completion: _____

Amount of tuition/fees per semester: \$ _____

Date payment must be made: _____

Date term begins: _____