Arkansas Ready Mixed Concrete Association
2027 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, 2027 and April 1, 2027 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.

2027 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 Freshman
_____ College sophomore
_____ College Junior
_____ College Senior
_____ Graduate Student
_____ Other (Specify)
_____

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: _____