

**ARKANSAS ACTIVITIES ASSOCIATION
3920 RICHARDS ROAD
LITTLE ROCK, AR 72117**

To: High School Principals
From: Wadie Moore
Re: AAA/State Farm Scholar-Athlete Program
Date: 2015-2016 School Year

The Arkansas Activities Association and State Farm Insurance will provide ten senior student-athletes with a \$1,000 college scholarship for the 2015-16 school year.

The Scholarships will be provided for each of the following sports:

Boys: Football, Basketball, Baseball, Track and Field, Other Sports
Girls: Volleyball, Basketball, Softball, Track and Field, Other Sports
***Other Sports include swimming, bowling, golf, tennis, soccer, wrestling, dance and cheerleading.**
Cross Country is placed under Track and Field.

Please review the enclosed information and the official student selection form to familiarize yourself with the nature and intent of the program.

SCHOLASTIC REQUIREMENTS

1. Must have a 7-semester minimum cumulative GPA of 3.5 or higher.
2. Must have scored at least 21 on the ACT or at least 900 on the SAT.

OTHER REQUIREMENTS

1. Must be a senior student-athlete registered with the AAA
2. Must meet NCAA Scholarship rules
3. Must display good citizenship in school and in the community
4. Must display desirable leadership traits
5. Must have participated in other school activities

We hope that you will accept this invitation to take part in the student scholarship program by submitting a selection form for any eligible student in your school. We believe that your school and your community will benefit immeasurably.

Deadline – April 1, 2016
Mailing Address
Wadie Moore
Arkansas Activities Association
3920 Richards Road
North Little Rock, AR 72117

ARKANSAS ACTIVITIES ASSOCIATION

NOMINATION FORM
FOR
2015-2016 AAA/STATE FARM \$1,000 SCHOLAR-ATHLETES PROGRAM

(DEADLINE FOR SUBMITTING NOMINATION APRIL 1, 2016)

I. GENERAL INFORMATION

NOMINATING SCHOOL: _____ SCHOOL GRADE: _____

NAME OF PRINCIPAL: _____

FULL NAME OF STUDENT: _____

SPORT(S) PLAYED IN 2015-2016: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

II. ACADEMIC INFORMATION

ANTICIPATED GRADUATION DATE: _____

SCHOLASTIC RECORD THROUGH 1ST SEMESTER OF 2015-2016 SCHOOL YEAR:

CUMULATIVE GPA: _____

ACT SCORE: _____ SAT SCORE: _____

III. POST GRADUATE PLANS

COLLEGE/UNIVERSITY OF CHOICE: _____

STATE: _____

MAJOR FIELD OF STUDY: _____

MINOR FIELD OF STUDY: _____

OCCUPATIONAL PLANS AFTER GRADUATION:

IX. HOBBIES:

X. FAMILY:

1. PARENTS/GUARDIAN: _____
2. HOME ADDRESS: _____
CITY: _____ ZIP: _____
TELEPHONE: _____

XI. REFERENCES:

NAME	ADDRESS/TELEPHONE NUMBER	POSITION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

XIII. STATEMENT BY STUDENT:

PLEASE STATE THE REASON (S) THAT YOU BELIEVE YOU QUALIFY FOR THIS SCHOLARSHIP AND WHY YOU WANT TO RECEIVE IT:

XIV. ADMINISTRATOR:

I RECOMMEND THAT THE ABOVE NAMED STUDENT-ATHLETE RECEIVE A \$1,000 AAA/STATE FARM SCHOLAR-ATHLETE SCHOLARSHIP.

SIGNED _____ DATE: _____
(PRINCIPAL)