

**DEADLINE: FEBURARY 15**  
ARKANSAS STATE UNIVERSITY  
DEPARTMENT OF RADIO-TV

**TV BROADCASTERS SCHOLARSHIP APPLICATION**  
(Please Type)

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

School Address: \_\_\_\_\_

Local Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Address: \_\_\_\_\_

College Hours Completed \_\_\_\_\_ Hours Currently Enrolled at ASU \_\_\_\_\_ Overall GPA \_\_\_\_\_ GPA in Radio-TV \_\_\_\_\_

RTV Emphasis Area: \_\_\_\_\_ Minor \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Extra Curricular Activities/Community Involvement/Employment

Special Achievements/Honors and Recognitions

Are there other accomplishments you wish the committee to consider?

Do you expect to receive any other scholarships: Yes\_\_\_ No\_\_\_ If so, describe:

I certify that the statements made by me in this application are true and complete to the best of my knowledge and are made in good faith.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**On a separate page, in 500 words, describe the experiences that have influenced your decision to pursue a career in broadcasting and how these experiences will help you succeed in this career choice. Describe what separates you from others in the committee's awarding of this scholarship.**

**(Attach 500-word essay on separate page)**