

# Nicole Bennett Memorial Scholarship

**APPLICATION  
DEADLINE:**

**AUGUST 30th**

Return application to the  
Financial Aid office located in the  
Student Services Complex or  
call (870) 633-4480 extension  
225.

**Note to applicant:**

Please answer every question  
accurately. If you would like to  
make other comments to justify  
your need, attach an additional  
sheet.

**EAST ARKANSAS  
COMMUNITY COLLEGE**

1700 Newcastle Road  
Forrest City, Arkansas 72335

**Contact: Jerry Stegall**

Financial Aid-(870) 633-4480,  
ext. 302  
Email: [jstegall@eacc.edu](mailto:jstegall@eacc.edu)



Communicate



Think



Achieve



Connect

# Nicole Bennett Memorial Scholarship

*East Arkansas Community College*



# Nicole Bennett Memorial Scholarship

The Nicole Bennett Memorial Scholarship is awarded to an EACC cosmetology student.

Nicole Bennett was born on April 6, 1986 and graduated Forrest City High School in May 2004. She died tragically in an automobile accident in October 2004. At the time of her death, Nicole was attending cosmetology school in Memphis and was a young woman with hopes and dreams. She was lively, energetic, focused on her future, and was looking forward to starting her own cosmetology business.

The Nicole Bennett Memorial Scholarship was established by the generosity of Nicole's friends and family as a way to honor her memory through the hopes and dreams of well-deserving scholarship recipients.

The award is \$500 per semester for two students, based on availability of funds. Maximum award is for one academic year.

## Qualifications

To be eligible for this scholarship, the applicant must:

- ◆ Enroll as a full-time (at least 12 hours) EACC student in the Cosmetology program.
- ◆ Maintain a 2.0 cumulative GPA or better for continuation of the scholarship.
- ◆ Submit a one (1) page personal essay explaining goals and why he/she feels the scholarship will help achieve goals.
- ◆ Submit high school/GED transcript (college also if applicable).



## Application

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Degree of Interest \_\_\_\_\_

Cumulative GPA \_\_\_\_\_  
(High School or College)

Completed FASFA?  Yes  No

Applicant's Signature

\_\_\_\_\_

Date \_\_\_\_\_