

The Carlock Scholarship

Scholarship Guidelines

1. Applicants must have established a permanent place of residence in one of the following counties: Carter, Love, Marshall, Murray, or Jefferson.
2. Applicants must be at least in their sophomore year and must be enrolled in some field that is health or hospital related. Preference may be given to juniors and seniors.
3. Applicants should have a minimum grade point average of 2.50 based on a maximum of 4.00.
4. Applicants will be considered in relation to their dedication, honesty, integrity, motivation, leadership, and willingness to work beyond requirements for minimum accomplishment.
5. The scholarship will be automatically extended one year to any recipient who is a junior at the time the scholarship is awarded, provided that the student currently meets all scholarship guidelines.
6. Current scholarship awards will cover the cost of tuition, books, and fees for the fall and spring semesters.
7. Scholarship recipients will be selected by a committee consisting of the Dean, College of Health and Sciences, two science faculty members, and two representatives of the East Central University Foundation.

Applicants should complete all of the information on the scholarship application form below or applications are available from the office of the Dean, College of Health and Sciences (Room 101, Physical and Environmental Science Building). All applicants should also furnish official transcripts of all collegiate academic work completed to date.

Applicants must submit all application materials to the office of the Dean, College of Health and Sciences, by March 1 of each year.

East Central University Carlock Scholarship

Date: _____

GENERAL:

Name _____ Male ___ Female ___
Last First Middle

Social Security Number _____ Phone _____

Address _____

City, State, & Zip _____

Current Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___

Classification High School Senior ___

HIGH SCHOOL INFORMATION:

School Attended _____

Date of Graduation _____ GPA _____ ACT Composite _____

HIGHER EDUCATION INFORMATION:

College & Dates Attended _____
(if applicable) _____

Major _____ Minor _____ GPA _____

Hours Completed _____ Expected Date of Graduation _____

Please summarize briefly your academic achievements, educational goals, financial need, and any additional comments relative to this scholarship on a separate page.

Return with copies of college transcripts (if high school Senior, attach copy of high school transcript) and two letters of reference* to:

Carlock Scholarship Committee
Dean, College of Health and Sciences
East Central University
1100 E. 14th
Ada, OK 74820

*Students currently enrolled at East Central should provide one reference from a faculty member in the major chosen.

Applications are due March 1.