

UNIVERSITY OF CENTRAL ARKANSAS
VERONIKA HOSKOVA
SPIRIT AWARD

Application

RETURN COMPLETED APPLICATION TO:

University of Central Arkansas Development Office
Attn: Shelley S. Mehl, Asst. Vice President for Advancement
Buffalo Hall
201 Donaghey Avenue, Conway, AR 72035
+001.501.450.3127

INSTRUCTIONS: Please complete the front and back of the application. **If the application is incomplete, you may not be considered this award.** Respond to each section as accurately as possible. Attach additional information if you would like. The deadline for submitting this award application is _____ for the _____ academic year.

CRITERIA:

1. Uchazeč musí mít občanství České republiky.
(*Recipient must be a citizen of the Czech Republic.*)
2. Uchazeč musí splňovat veškeré požadavky pro mezinárodní studenty a musí být v době výběrového řízení zapsán k řádnému studiu.
(*Recipient must meet all admission criteria for international students and be enrolled at the time of selection.*)
3. Prospěch uchazeče bude jedním z hlavních kritérií.
(*Academic accomplishments will strongly be considered.*)
4. Uchazeč musí splňovat veškeré akademické i administrativní požadavky university ohledně studia.
(*Recipient must remain in good academic standing.*)
5. Uchazeč napíše děkovný dopis sponzorovi, a tím zároveň splní úlohu oficiálního přijetí stipendia.
(*Recipient shall write a letter of appreciation to the Donor, which shall serve as his or her official notice of acceptance.*)

Section I: GENERAL INFORMATION

A. PERSONAL INFORMATION

Name: _____
Last First

US Social Security Number: _____

Address: _____
Street City State/Country Zip

Phone Number: _____

Date of Birth: _____
mm/dd/yy

Are you currently a citizen of the Czech Republic? Yes _____ No _____

*** Please provide a copy of passport issued by the Czech Republic ***

B. EDUCATION

Gymnazium: _____
Name of School City/Country Dates Attended/Graduated

College 1: _____
Name of School City/State/Country Dates Attended/Graduated

College 2: _____
Name of School City/State/Country Dates Attended/Graduated

College 3: _____
Name of School City/State/Country Dates Attended/Graduated

