



Renewal Application must be postmarked by March 15, 2025 and sent to:

ARA SCHOLARSHIP ADVISOR
9113 Church St.
Manassas, VA 20110
kelly@a-r-a.org

RENEWAL APPLICATION

Previous scholarship recipients only - please respond to the items below and mail/email this form to the ARA SCHOLARSHIP ADVISOR at the address listed above **no later than March 15, 2025.** *Must either attend as a full-time student (12 credit hrs. minimum) or part-time student* and work 20 hrs. minimum at member location. Proof of enrollment (and employment*) and GPA required.*

Applicant: _____
First M.I. Last

____ I am attending same school listed on previous application.
School Name*: _____

____ I plan to attend a different school for 2025-2026.
School Name* _____
Address _____
City _____ State/Prov _____
Zip/Post Code _____ Country (if not USA) _____

Please list your phone number and e-mail address used while at the school you are attending.

Telephone _____ E-mail Address _____

Soc. Sec. XXX-XX-_____ (last four no. only) Student ID _____
if applicable

Current GPA _____ (min. 2.75 for College/University, min. 1.75 for Accredited Trade, Business or Tech School)

Name of Parent/Other Employed at ARA Member company:

Name _____
Company _____
Address _____
City _____ State/Prov _____
Zip/Post Code _____ Country (if not USA) _____

Date _____ Student Signature _____