

UCA ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: FRIDAY, MARCH 9, 2012

Application for the _____ Scholarship
(Separate applications are required for each scholarship.)

1. _____
NAME AS LISTED IN REGISTRAR'S OFFICE - PLEASE PRINT

SOCIAL SECURITY #

UCA STUDENT ID #

SCHOOL MAILING ADDRESS & PHONE

PERMANENT MAILING ADDRESS & PHONE

(AREA CODE) PHONE NUMBER

(AREA CODE) PHONE NUMBER

EMAIL

EMAIL

2. _____ DATE OF BIRTH 3. _____ MARITAL STATUS 4. _____ NO. OF DEPENDENTS

5. GRADE POINT AVERAGE THROUGH FALL 2011 SEMESTER: _____
HOURS EARNED AT UCA THROUGH FALL 2011 SEMESTER: _____
HOURS TRANSFERRED TO UCA: _____
HOURS ENROLLED AT UCA FOR SPRING 2012 SEMESTER: _____

6. CLASSIFICATION AT THE COMPLETION OF THE SPRING 2012 SEMESTER: _____
I WILL BE ENROLLED FOR _____ HOURS IN THE FALL 2012 SEMESTER.

7. MY ANTICIPATED DATE OF GRADUATION FROM UCA IS: _____
MAJOR: _____

8. LIST SOURCE AND AMOUNT OF ALL SCHOLARSHIPS, AWARDS, GRANTS, ETC. YOU EXPECT TO RECEIVE FROM UCA OR OTHER ON-CAMPUS SOURCES FOR FALL 2012:

9. I HEREBY GIVE THE SCHOLARSHIP COMMITTEE PERMISSION TO EXAMINE MY TRANSCRIPT, DISCUSS MY APPLICATION WITH APPROPRIATE UCA STAFF AND REVIEW MY FINANCIAL RECORDS IN UCA FINANCIAL AID OFFICE SHOULD THIS BE PERTINENT TO MY APPLICATION.

SIGNED: _____ DATE: _____

NOTE: Use separate sheet for written information, which is required or that you believe additionally supports your application. It is important to be thorough.

Scholarship Application Addendum

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NAME AS LISTED IN REGISTRAR'S OFFICE (PLEASE PRINT)

SOCIAL SECURITY NUMBER

UCA STUDENT ID #

If parent or grandparent is a UCA graduate:

NAME OF PARENT OR GRANDPARENT (PLEASE PRINT AND INCLUDE MAIDEN NAME, IF APPLICABLE)

RELATIONSHIP: _____

CLASS YEAR: _____

CURRENT ADDRESS & PHONE:

AREA CODE PHONE NUMBER:

EMAIL

Return to: BUFFALO ALUMNI HALL
Or Mail to: UCA ALUMNI ASSOCIATION SCHOLARSHIP COMMITTEE
UCA BOX 4925
CONWAY, AR 72035