

University of Central Arkansas
Grant Funded Scholarship/Stipend/Fee Waiver Form

This form should only to be used if awarding a student from a grant funded account. All other awards should use the University Scholarship/Stipend/Award Form.

Grant Title: _____

Name of Principal Investigator: _____

Index & Account Number to be charged: _____

Banner Fund Code: (to be completed by Financial Aid): _____

**Please check below if the student is a Graduate Research Assistant (GA)*

<u>Student Name</u>	<u>UCA ID#</u>	<u>Semester/Term</u>	<u>Amount</u>	<u>GA</u>
<u>Example:</u>				
Bobby Jones	B00011111	Fall 11	\$1,000	✓
Laura Wells	B00022222	Spr 12	\$2,000	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Principal Investigator

Date

Grant Accountant

Date

Financial Aid Office

Date

Deliver to Grant Accounting Office in Wingo 316 or fax to 450-5168. Grant Accountant will then fax to the Financial Aid Office for processing.