

WILLIAM C. PLUMMER SCHOLARSHIP

(This application must be typed; submissions that are not typed will not be accepted.)

Name (First Middle Last): _____

Phone: _____ Email: _____

UCA ID: _____ SSN: _____ DOB: _____

Address: _____

City, State, Zip: _____

Classification: _____ Cumulative GPA: _____

Major: _____ Minor: _____

Hours Completed _____

Check the types of aid you currently receive.

Pell Grant Fee Waiver Student Loans: \$ _____

Work Study: \$ _____ Scholarships: \$ _____

Other: _____

Please describe how you feel the William C. Plummer Scholarship will assist you now and in the future.

The following supporting documents are required for this scholarship:

Statement of Financial Need Form

Return your completed application packet to:

Melissa Pearson
UCA Theatre
Box 4942
Conway, AR 72035
Or deliver to Snow Fine Arts 233

Statement of Financial Need Form

Please list any scholarships, grants, or financial funding you may receive next semester. The total will be calculated automatically if numbers are listed as whole numbers; do not include dollar signs (\$) or commas (.).

Scholarship/Grant/Funding Title	Amount
TOTAL	

Additional statement if necessary: