

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

Category A

Use this form to award a student from a grant funded account.

Grant Title: _____

Name of Principal Investigator: _____

Index & Account Number to be charged: _____

Banner Fund Code: _____ (Completed by Grant Accounting)

**** If the student is a Graduate Research Assistant, you must place a check in the column provided and submit to the Graduate Office prior to submitting to Grant Accounting.***

| Student Name | UCA ID | Term | Amount | Total Amount FY To be completed by Grant Accounting | GA √ | *Graduate Office Initial |
|-----------------|-----------|---------|--------|---|---------|--------------------------------|
| EX: Bobby Jones | B01112233 | Fall 17 | \$1000 | \$1000 | √ | |
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Principal Investigator: _____

Date: _____

Grant Accountant: _____

Date: _____

Office of Student Financial Aid: _____

Date: _____

Submit to Grant Accounting in McCastlain 002. Grant Accounting will forward to the Office of Student Financial Aid for processing.