

University of Central Arkansas

Grant Funded Waiver Form

FEES

HOUSING

SCHOLARSHIP

STIPEND

TUITION

(Check One from above)

This form should only be used if awarding a student from an external 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: _____

Grant Type: _____ (Federal, State, Institutional, Private)

Banner Fund Code: (to be completed by Grant Accounting): _____

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

If so, this form must be submitted to the Graduate Office prior to submitting to Grant Accounting.

Student Name	UCA ID#	Semester/ Term	Amount	Total Amount FY To Be Completed by Grant Accounting	GA
Example: Bobby Jones	B00022222	Fall 21	\$1,000		✓
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Principal Investigator

Date

Grant Accounting

Date

Financial Aid Office

Date

Deliver completed form to the Grant Accounting Office in McCastlain 009. Grant Accounting will send to the Financial Aid Office for processing.