

University of Central Arkansas Institutional Scholarship/Stipend/Award Notice

Category A

Use this form to award a student **institutional/departmental funds** (Not Grant or UCA Foundation Fund).

Submit the signed form to Drew Courtway, Compliance Director, Wingo 317. If you have questions regarding a student's eligibility for an award, please contact one of the staff listed below prior to the completion of this form. This will save time and prevent unnecessary adjustments to a student's award.

Christy Garrett-Jones
Assistant Director
(501) 450-5154
cjones@uca.edu

Lynetta Morris
Financial Aid Counselor
(501) 852-7418
lmorris@uca.edu

Kim Collister
Financial Aid Counselor
(501) 450-5352
kimc@uca.edu

Department: _____ **Contact Phone:** _____

Authorizing Official & Title (Print): _____

Name/Purpose of Scholarship/Award: _____

Scholarship Fund Code: _____ (NOT the account number. If you do not know this, leave it blank.)

Student Name	UCAID/SS#	Term	Award Amount	Adjustment	New Total	FA Posted
Ex. John Doe	B01222345	Fall 2017	\$1000		\$1000	FA USE ONLY
Ex. Victor E. Bear	B01222345	Spring 2018	\$1000	-\$500	\$500	FA USE ONLY

Authorizing Individual's Signature: _____

Date: _____

Scholarship Compliance Signature: _____

Date: _____

Student Financial Aid Signature: _____

Date: _____