

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	√	

Principal Investigator: _____

Date: _____

Grant Accountant: _____

Date: _____

Office of Student Financial Aid: _____

Date: _____

Submit to Grant Accounting Office in McCastlain Basement or fax to 450-5168. The Grant Accountant will then send/fax to the Office of Student Financial Aid for processing.