

University of Central Arkansas
Application for Assistance Program for Students with Exceptional Circumstances

Please complete all sections. Application must be received by the deadline date below to be considered.

This application is for (please check one):

Fall semester – Deadline July 15

Fall mid-term – Deadline October 1

Spring semester – Deadline December 1

Spring mid-term – Deadline March 1

Note: This scholarship is awarded for one semester at a time and for no more than two semesters in total.

Last Name _____ First name _____ Middle Initial _____

UCA ID # _____ Are you a United States citizen? No Yes Phone _____

Email _____ (award notification will be sent to this email address)

Eligibility Requirements (read carefully)

- **Applicants must explain and submit documentation which supports their exceptional financial need.** “Exceptional financial need” means that the student’s financial situation is such that without assistance from this program the student will be unable to attend the university or continue a course of study.
- **All applicants who are US citizens or permanent residents must have applied for and have on file in the UCA Financial Aid Office the Free Application for Federal Student Aid (FAFSA).** The applicant should exhaust all other financial means available, including loans.
- **Applicants must be in good academic standing** at the time of application *and* at the time of the award. See the applicable *Undergraduate Bulletin* (<http://uca.edu/ubulletin>) or *Graduate Bulletin* (<http://uca.edu/gbulletin>) for the definition of good academic standing.
- **Applicants must pay all past due balances owed to UCA for a prior term.** The committee cannot disburse scholarships to students who owe a past due balance for a prior term.
- **Applicants must not have been awarded an APSEC scholarship for more than one prior term.**
- **Applicants should be registered for the term they need assistance.** The committee is unlikely to award scholarships to students who are not registered.
- **Applicants must complete all sections of this application, then print and sign the application.**
- **Applicants must have their academic advisor verify the degree they are seeking, state their expected graduation date, and sign the application below.**
- **Application must be received in the Student Support & Resource Center office on or before the deadline dates listed above.** Late applications will not be accepted.

By signing below I am verifying that all information provided in this application is true to the best of my knowledge.

Applicant’s Signature: _____ Date: _____

For applicant’s academic advisor: What degree is the student seeking? _____

What is the student’s expected date of graduation (MM/YY)? ____/____

Advisor’s Signature: _____ Date: _____

Submit completed application to:
APSEC Committee c/o Sara McKee
Student Support & Resource Center
Student Health Center 306
University of Central Arkansas
Conway, AR 72035

Office Use Only
Date Received:

Required Documentation

1. Explain your **exceptional financial need** in the area below or in an attached letter no longer than two pages.

2. Complete the following budget worksheet for the *entire* four-month term (Fall or Spring) for which you are applying. Multiply monthly income or expenses by four to accurately estimate the value for the entire term.

Total expected income from employment for the term	+
Total financial aid for the term (e.g., scholarships, loans, grants, awards, waivers, etc.). If the aid is for an entire year, divide it in half for the term.	+
Total of all other financial assistance or other forms of income you expect to receive during the term (e.g., gifts or contributions from parents, legal guardians, relatives, friends, sponsors, etc.)	+
Total tuition and fees (do not include room and board)	-
Total estimated costs for textbooks and school supplies	-
Total housing costs (e.g., on-campus housing, off-campus rent, mortgage payments, etc.)	-
Total estimated food costs (e.g., UCA meal plan, groceries, etc.)	-
Total estimated health care related costs (e.g., health insurance premiums, medications, doctor bills, etc.)	-
Total estimated utility expenses (e.g., phone, electricity, gas, cable, etc.)	-
Total estimated transportation costs (e.g., car payments, car insurance, gas, repairs, etc.)	-
Total estimated payments of all other debt (e.g., credit cards, short-term loans, home equity loans, etc.; do not include student loans, car loans, or mortgage payments)	-
Total estimated child care expenses (e.g., day care, preschool, child support payments, etc.)	-
Total of any other estimated expenses. Describe below.	-
<div style="border: 1px solid black; height: 40px; width: 500px;"></div>	-
Total Financial Need	

3. Does your **total financial need** exceed the maximum award of \$3,000? No Yes
If yes, describe below how you will acquire the additional funds to continue in school for the term you are applying.

4. Are you graduating at the end of the term for which you are applying? No Yes
If no, describe below how you plan to acquire the financial resources to continue in school after the term for which you are applying.

5. Please attach supporting documentation that would help the committee verify your exceptional financial need (e.g., bill statements, award letters, etc.).