

Academic and Transfer Scholarship Hold Request Form



Student Legal Name: _____ **Student ID:** _____

Email Address: _____ **Phone Number:** _____

Address: _____

Instructions:

1. Review the Scholarship Hold Policy located at <http://uca.edu/scholarships/policies/>.
2. Complete the information below.
3. Student must provide a short type-written statement regarding the request.
4. Attach the appropriate documentation substantiating the reason for the request.
5. Return all required documents to the Office of Student Financial Aid at the address below. (No electronic signatures)

Student must submit the hold request form prior to the University disbursement date of the term requesting a hold. This is generally the 8th class day each fall and spring semester. Exceptions to this requirement are reviewed on a case-by-case basis.

Please indicate the number of semesters you would like to place your scholarship(s) on hold:

I would like to place my scholarship on hold for _____ semester(s) beginning with the _____ (ex: Spring 2019) semester.

Please check the box which reflects the mitigating circumstance that exists/existed:

- Medical-Documentation must include medical records and/or a signed letter from a licensed medical professional explaining the nature of the medical condition(s), why the student should not attend the University, and when the student is expected to return to the University.
- Military-Documentation must include a copy of military orders.
- Religious/Humanitarian-Documentation must include a letter of acceptance into the program and a letter from a religious leader or director of humanitarian project on official letterhead stating the dates of participation and the activities in which the student will be participating.
- Educational-Current students must provide a letter from a UCA faculty member (from the department of the student's course of study) on how this specific experience will enhance the student's education in their selected course of study. First-time entering undergraduates must provide a letter from at least one of the following: recommending sponsor, program director, or high school counselor/faculty on how it will help the student in their future education experience

PLEASE READ CAREFULLY: By signing below, you acknowledge that you have read all policies and procedures regarding this request and your scholarship. You also acknowledge that you understand the University's Scholarship Committee will not review incomplete hold requests.

Student Signature: _____

Date: _____

The University's Scholarship Committee or an authorized subset thereof will review and evaluate the request and documentation and make a decision based on institutional policy. The student will be notified in writing when a decision has been made.

FINANCIAL AID REVIEW Approve Deny Date: _____ Signature: _____	COMPLIANCE REVIEW Approve Deny Date: _____ Signature: _____
SCHOLARSHIP COMMITTEE ACTION (if needed) Approve Deny Date: _____ Signature: _____	OFFICE OF STUDENT FINANCIAL AID _____ RRAAREQ Updated _____ RHACOMM Note Signature: _____ Date: _____