



# Student Success Fund Application

Legal name: \_\_\_\_\_

Last

First

Middle

UAM ID number: \_\_\_\_\_ UAM Cumulative GPA: \_\_\_\_\_

Current local address: \_\_\_\_\_

Street

City

State

Zip

UAM email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Academic Major: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Academic term/year for which you are requesting grant: \_\_\_\_\_

Total hours enrolled for term requesting grant: \_\_\_\_\_

Are you currently receiving financial aid, scholarships, work study, loans, etc.?  Yes  No

If you are receiving aid, have you received a refund check?  Yes  No If yes, please provide a breakdown of how funds were used. \_\_\_\_\_

Total Amount being requested \$ \_\_\_\_\_

Specify below (or attach a signed explanation) of the acute, unexpected expenses, and the reasons you believe your situation warrants the award of this grant. Attach supporting documentation (copies of insurance statements/doctor's bills/etc.) *NOTE: BLACK OUT ANY SOCIAL SECURITY OR INSURANCE ID NUMBERS.* \_\_\_\_\_

\*Students must provide the Office of Financial Aid a receipt of purchase within 10 business days from the day of payment.

*I certify that the above information is true and accurate and agree to furnish receipts and/or other documents requested in support of this application. In addition, I understand that submission of this application does not guarantee that additional assistance will be awarded. I understand that Emergency Funds will be awarded for the current academic year only and are not to be used to pay my account balance. Further, I acknowledge that making any false or misleading statement(s) could result in referral to the Dean of Students for violating UAM's Student Conduct Code.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I acknowledge that everything I say in this application is true to the best of my ability. Pursuant to the provisions of the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). I give permission to representatives of the University of Arkansas at Monticello to provide education records that may include my grades, GPA, class rank, financial aid records, and other personally identifiable information to the University of Arkansas at Monticello Foundation for purposes of determining eligibility for scholarships.*

I agree \_\_\_\_\_ (initial)

I disagree \_\_\_\_\_ (initial)

\*Submit completed application and supporting documentation to the Office of Financial Aid.

### FOR OFFICE USE ONLY

Amount Requested \$ \_\_\_\_\_

Reviewed by SSF Committee: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_ Date \_\_\_\_\_