

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
ROUSE FAMILY SCHOLARSHIP FUND APPLICATION**

GENERAL INFORMATION

This scholarship provides funds to deserving students for the purpose of attending the University of Arkansas at Pine Bluff. It will be awarded on the basis of economic need and prior academic achievement (cumulative 2.0 GPA or higher) without regard to race, color or creed. This scholarship only applies to students with past due balances.

Email applications to honorsprogram@uapb.edu

INCLUDE A COPY OF YOUR UAPB STUDENT ACCOUNT INQUIRY SHOWING YOUR BALANCE

Please Type or Print Neatly

DATE	STUDENT ID NUMBER	MALE	FEMALE
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY, STATE ZIP	PERMANENT PHONE	
UAPB EMAIL ADDRESS	CUMULATIVE GPA	CLASSIFICATION	

STATEMENT OF NEED (State why you incurred balance from previous semester).

IF ADDITIONAL SPACE IS NEEDED PLEASE USE BACK OF THIS APPLICATION.

During what semester did you incur your balance (*indicate year*)? 20___FA 20___SP 20___SU

Have you previously applied for the Rouse Family Scholarship? Yes No

Have you previously received funding from the Rouse Family Scholarship? Yes No

Are you receiving funds from any other campus resources? Yes No

If yes, provide the campus resource and the amount. _____

Are you enrolled or planning to enroll at UAPB for the current/next semester? Yes No

If yes, how will you pay the balance for the current/next semester? _____

SIGNATURE: My signature officially indicates that the information I have submitted on this form is correct and complete.

Student Signature	Date
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DO NOT WRITE BELOW THIS LINE/ OFFICE DATA:

() ACCEPTED _____ () DECLINED _____

COMMENTS: