



UNIVERSITY OF ARKANSAS AT PINE BLUFF
1200 University Drive ■ Mail Slot 4915

■ Pine Bluff, AR. 71601 Office ■ (870) 575-8368 Fax ■ (870) 575-4622 Email ■ finaid@uapb.edu

Financial Assistance Scholarship Application

Applications not properly completed may not be considered. Academic performance will also be a consideration for all applicants.

Please Check Scholarship Assistance

Form with checkboxes for CHANCELLOR'S HARDSHIP (CHP), GENERAL (GSSAF), ENROLLMENT MANAGEMENT, and ARKANSAS LICENSE PLATE. Includes text: 'The funding requirement of this assistance stipulates that the student must exhaust all eligible Federal Financial Aid options.' and 'The funding requirement of this assistance stipulates that student must: be an Arkansas resident; have at least a cumulative GPA of 2.75; and be classified as a soph., junior or senior level student.'

Name: Student ID#: Phone: Cell Home

Address: City: State: Zip Code:

UAPB Email Address: Do you live on campus? Yes No If yes, list dorm:

Classification: Major: Cum. GPA: What semester are you applying for?

Do you have a prior balance? Yes No If Yes, list Semester: Year: Amount of balance \$

Please explain your financial hardship (why you cannot pay your balance):

What steps (other than completing this application) have you taken to resolve this hardship?

Are you employed? Yes No - If employed, list your employer and current salary below.

Employer: Amount of Net Wages: Payment Frequency: Weekly Bi-Weekly Monthly Other If you are not employed, please explain why not:

Do you plan to enroll for the next semester? Yes No Please explain how you would be able to pay the charges you will incur.

Have you applied for a private alternative student loan to assist with your hardship? Yes No If yes list lender(s) and result. If not explain why you have not.

Have you consulted with Student Financial Services (located in Room 102, Caldwell Hall) regarding this matter? Yes No

Name of Staff Member Date of Consultation

Note: Application deadline for graduating seniors is one month before graduation.

Student Signature Date

Office Use Only: Approved Denied

On-Campus Housing Check above if funding requirement stipulates that student must reside in an on-campus housing facility. Hsg+Meals/Amt./Term

Funds: CHP(Amt./Term) GSSAF(Amt./Term) EMSS(Amt./Term) ULPS(Amt./Term)

Approval Signature(s):/Date and/or /Date