UNIVERSITY OF ARKANSAS
RICH MOUNTAIN

OFFICE OF FINANCIAL AID

Return to Learn Scholarship Application

STUDENT ID: _____ TERM & YEAR: _____

_____

LAST NAME FIRST NAME

_____

STREET ADDRESS CITY STATE ZIP CODE

(___)_____ (___)_____ (___)_____

HOME PHONE WORK PHONE CELL PHONE

PREVIOUS COLLEGE INFORMATION:

College/University Previously Attended: _____

Have you completed at least one college semester?

☐ Yes ☐ No

Total Earned College Credit Hours (excluding courses currently in progress): _____ Earned Hours

Current Cumulative College GPA: _____

INTEDED ENROLLMENT:

Intended Degree or Program of Study: _____

Career/Educational Goals (Brief Description):

_____

_____

_____

Student Certification

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee the award of a scholarship and that additional documentation may be requested.

Student Signature: _____ **Date**: _____

Please note that we will need your official college transcript showing earned credit hours and cumulative GPA.

1100 College Drive, Mena, AR 71953
Phone: 479-394-7622 Email: financialaid@uarichmountain.edu