



UNIVERSITY OF ARKANSAS HOPE • TEXARKANA
"U CAN" Scholarship Application Form

Last Name: _____ First Name: _____ M.I. _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
SSN: _____ Student ID: _____
Date of Birth: _____ Major: _____

Scholarship Eligibility Criteria:

- 1. I am a high school graduate or have a GED. Yes No
2. I have attended college prior to today. Yes No
3. I have taken classes in the last 2 years. Yes No
4. I have completed an Associate degree or higher. Yes No
5. I am a resident of: _____ Hempstead County, AR _____ Lafayette County, AR
_____ Miller County, AR _____ Nevada County, AR

I understand the requirements of the U CAN @ HOPE • TEXARKANA Scholarship. I understand and will adhere to the Scholarship Stacking Policy as stated below. I understand the scholarship funds will be transmitted to my student account and will be applied to any outstanding balance owed to U of A Hope •Texarkana.

Signature of recipient

Date

Awarding of the U CAN @ HOPE • TEXARKANA Scholarship is contingent upon available funding. Please mail completed form and copy of transcript from last school attended to: University of Arkansas Hope-Texarkana Enrollment Management Office PO Box 140 Hope, AR, 71802-0140

Scholarship Stacking Policy

Act 1180 of 1999 prohibits postsecondary institutions from using public funds in a student aid package which exceeds the cost of attendance at that institution. U of A Hope •Texarkana follows the Arkansas Department of Higher Education regulations by reducing scholarship amounts which cause awards to exceed cost of attendance. Scholarships awarded by U of A Hope •Texarkana will be reduced before other scholarships. In the absence of direction from private donor, all private funds will be split equally between fall and spring semesters.

ENROLLMENT OFFICE USE ONLY:

Amount of Award: _____
Period of Award: _____

Submission deadline:
First day of Fall classes

Revision Date: 2022.02.24