

If you need assistance completing this form, please contact us at 817-272-2197.

Outside Scholarship Provider Information

Scholarship Provider Information

Organization providing scholarship: _____ Date: _____

Mailing address: _____

Contact name: _____ Email: _____

Phone: _____ Scholarship name: _____

Name of student: _____ Student's UTA ID number: _____

Scholarship Requirements

Scholarship in the amount of \$ _____ may be awarded during the following semester(s):

Fall Spring Summer

all semesters within the _____ academic year all semesters while attending UTA

This scholarship may be used for the following expenses (please check all that apply):

Tuition & Fees Room & Board Meals Textbooks Educational Supplies

The student must be enrolled in the following hours to receive this scholarship:

Any enrollment Full-time Half-time Quarter-time

Any remaining unused funds from this scholarship may be:

Released to the student used in a future semester return to organization/scholarship provider

Additional notes about the scholarship funds: _____

Mailing Instructions

Please make the check payable to "University of Texas at Arlington" and include the student's UTA ID number on the check and mail it with this form to:

UTA Scholarships Office

701 S. Nedderman Dr.

Box 19199

Arlington, TX 76019

For questions please contact the UTA Scholarships Office at schol@uta.edu or 817.272.2197.