

Student Success Fund
South Arkansas Community College Foundation

Confidential Application

Use this form to apply for funds from the SouthArk Student Success Fund. Please email the completed application to: foundation@southark.edu or deliver to Foundation Office suite 209, Thomas Administration Building, West Campus.

Date: _____

Fund request for (name): _____

Mailing address of proposed recipient: _____

Physical Address: _____

Student ID: _____ Date of Birth: _____

Phone number: Home _____ Cell _____ Work _____

Email: _____ Are you a single parent? yes no

Amount requested (maximum request not to exceed \$500): _____

Has the applicant applied for this funding in the past calendar year? yes no

This form completed by: (Name) _____

Please write description of circumstances. Attach additional information, if applicable.

If granted, funds will be used to: _____

I fully understand that this information will be kept as confidential as possible, except as otherwise required to provide appropriate administrative oversight of the fund and its activities (i.e., one or more of my instructors may be asked to help with the decision, fire authorities may be contacted, etc.). By signing below, I fully authorize the release and review of my academic, billing, and/or financial aid information.

Signature

Date

For Use by the Departments of Financial Aid, Business Office, and/or & Career Pathways Initiative

Student Eligibility:

1. Enrolled in a degree and/or certificate program and registered for classes in the current semester. yes no
 Enrolled as a full-time (minimum 12 hours) part-time (minimum 6 hours) SouthArk student.
2. Working with an assigned advisor leading to a timely graduation/completion to allow for continued pursuit of career or transfer to a four-year program. yes no
3. Meets "Satisfactory Academic Progress" (SAP) in accordance with the financial aid office's SAP policy. yes no
4. Is the student a Single Parent? yes no no data to confirm
5. Is the student a current CPI student? yes no

For SouthArk Student Success Fund Committee Use Only

Action Recommended _____

Date _____

Committee Chair Signature: _____