

**COLLEGE OF HEALTH RELATED PROFESSIONS  
APPLICATION FOR MERIT STUDENT SCHOLARSHIP**

**A. To Be Completed By Student** (Use reverse if more space is needed for any item) (PLEASE PRINT)

Full Name _____		Date _____	
New Student: Last Four Digits of Social Security # _____		Returning Student: Student ID # _____	
Present Mailing Address _____			
Street/PO Box _____		Apt. Number _____	
City _____		State _____	Zip Code _____
Phone Number: School (_____) _____		Home (_____) _____	
Department Attending _____			
Degree To Be Obtained _____		Anticipated Graduation Date _____	
Personal Letter of Justification (ATTACH)			
Previous CHRP Financial Aid/Departmental Financial Aid/Awards (name of award/amount/date/duration):			
Current CHRP Financial Aid/Departmental Financial Aid/Awards in effect (name of award/amount/date/duration):			
Have you applied for or are you receiving any other benefits from such sources as the G.I. Bill, Arkansas Academic Challenge, or other source?			
To the best of my knowledge, the above information is true and complete.			
_____ Student Signature		_____ Date	

**Mail this form to  
your department  
chairman.**

**Do NOT mail this  
form to the UAMS  
Financial Aid  
Office.**

**B. To Be Completed By Department Chairman**

Program GPA _____		Cumulative GPA _____	
Chairman (Circle one):    Recommend		Recommend with reservations	Do not recommend
Comments: (Use reverse if additional space is needed)			
_____ Department Chairman		_____ Date	

CGPA: Cumulative Grade Point Average (CGPA) refers to the average Grade Point (GP) value achieved in all graded courses appearing on the CHRP transcript. Only courses in which regular letter grades are earned are used in CGPA calculations. CGPA is calculated similarly to the calculation of GPA, except that all graded courses on the transcript are used in the calculation.