



# Fellowship/Stipend/Tuition Award (FSTA) Notice

PLEASE SEND ORIGINAL TO:  
Paula Lasner  
at plasner@uark.edu

STUDENT NAME: \_\_\_\_\_  
Last First M.I.

STUDENT ID: \_\_\_\_\_

Program: \_\_\_\_\_

Is the student a Graduate Assistant (GA)? ☐ Yes ☐ No

Is the student a Graduate Student or Undergraduate Student? ☐ Graduate ☐ Undergraduate

Is the student seeking a degree? Degree Seeking Non-Degree Seeking

Check Only One: ☐ Original ☐ Supplement ☐ Reduction ☐ Cancellation

Please submit Fellowship/Stipend/Tuition Award Notice for each semester

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ Hours Enrolled: \_\_\_\_\_ Hours Required: \_\_\_\_\_

## Award Distribution:

	Grant Worktag	Amount	Student Award Item <small>(Office of Sponsored Programs Use Only)</small>
Resident Tuition (in-state):	_____	_____	_____
Non-Resident Tuition (out-of-state):	_____	_____	_____
Miscellaneous Fees:	_____	_____	_____
	_____	_____	_____
Room and Board:	_____	_____	_____
	_____	_____	_____
Stipend:	_____	_____	_____
	_____	_____	_____
Total Award Amount			

Office of Sponsored Programs/Treasury Use Only

Special Instructions:

## AUTHORIZATIONS:

Department Head or Authorized Representative \_\_\_\_\_  
Date

Faculty Mentor (PI) or Authorized Representative \_\_\_\_\_  
Date

Department \_\_\_\_\_  
Phone Number

Office Location \_\_\_\_\_  
Phone Number

Prepared by: \_\_\_\_\_  
Name and Phone Number

### REVIEW CHAIN ROUTING

AGRI DEPARTMENTS ARE TO ROUTE FORMS THROUGH DREX PRIOR TO SENDING TO RSSP

DEPT	Graduate School	DREX (required for companies 0XX3)	Treasurer's Office	OSP	Financial Aid
INITIALS/DATE	_____	_____	_____	_____	_____