

# ACM@UCO

THE ACADEMY OF CONTEMPORARY MUSIC  
AT THE UNIVERSITY OF CENTRAL OKLAHOMA

## ACM@UCO Financial Need-Based Scholarship

Qualified applicants must show financial need as indicated by the completion of the Free Application for Federal Student Aid (FAFSA).

- There is a limited amount of funds available.
- Awards will be made on a first-come, first-served basis to qualified applicants based on financial need until funds are depleted.

### Award Information:

- The number of scholarships awarded is based on the availability of funding.
- Awards are for tuition waivers and will cover tuition only.
- Awards may or not be stackable with other tuition waiver scholarships.
- Scholarship awards will be made in the amount of \$100 - \$250 for the first semester only.

## ACM@UCO Scholarship Application 2009-2010 Financial Need-Based Scholarships



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By filling out this application and submitting supporting materials you will be considered for the ACM@UCO Financial Need-Based Scholarships

Scholarship *applications AND supporting materials* must be RECEIVED at the ACM@UCO office by 5:00 p.m. on June 15, 2009.

Please note that this scholarship has limited funding and will be awarded on a first-come, first-served basis dependent on financial need until funds are depleted.

**Freshman or Transfer?**

**Social Security Number:**

**First Name:**

**MI:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip:**

**County:**

**Primary Phone:**

**Secondary Phone:**

**Email Address:**

**Gender:**

**Ethnicity:**

**ACM@UCO Program:**

### Legacy

**I am a first generation college student. Neither of my parents attended a college or university.**

**I have a parent or grandparent who received a Bachelor's or Master's degree from UCO.**

*If your parent(s) or grandparent(s) graduated from the University of Central Oklahoma, please provide the following information:*

#### Legacy Relationship #1:

**Last Name:**

**First Name:**

**Middle:**

**Maiden:**

**SSN:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

#### Legacy Relationship #2:

**Last Name:**

**First Name:**

**Middle:**

**Maiden:**

**SSN:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

#### Financial Aid:

**Are you an Oklahoma Resident?**

**Have you applied for OHLAP?**

**Have you completed and submitted the**

**FAFSA for Federal Financial Aid**

**(required for scholarship consideration)?**

*If applicable, in the space provided, please indicate personal financial challenges you would like us to consider. (650 character max)*