Scholarship Reporting Form Information

Federal regulations require students to report any scholarships, grants, and other assistance received from or awarded by sources other than Arkansas Colleges of Health Education (ACHE). Reporting should be completed as soon as you have accepted an award, regardless of whether the funds have been received to the Office of the Controller. These outside scholarships will be reported directly to the Office of Financial Aid.

Please provide the following information to the awarding organization:

- Checks should be made payable to **Arkansas Colleges of Health Education**.
- The official name of the scholarship should be provided on the check or included with the check.

Scholarship checks sent to the student:

- If the scholarship check is payable to both Arkansas Colleges of Health and Education and the student, please complete and submit this form, sign the back of the check and send it to the Office of the Controller.
- If the scholarship check is payable to the student only, use this form to notify the Office of the Controller of the scholarship amount. **This form is required, even if the scholarship funds are sent directly to the student.**

To allow processing time for credit to appear on the student account, the Office of the Controller must receive a copy of an official award notification from scholarship sponsors. Award notifications and payments received after the billing date will be processed in the order they are received and will be available for viewing on the Student Portal. **All award notifications and payments must be received at least 3 days prior to the payment deadline to avoid holds and late fees.**

The Arkansas Colleges of Health Education understands some scholarship funds might be received after the due date and may give a special consideration to students on a case by case basis. Students who wish to request a special consideration must provide adequate documentation from the scholarship grantee to the Office of the Controller.

The Office of the Controller will alert the student via email if the special consideration request was approved or denied. Students who do not receive a decision on special consideration requests before the due date are responsible for providing an alternative form of payment. Students who are approved for a special consideration are responsible for any tuition, fees and other charges due, if the scholarship funds are not received within 60 days of the due date.

**Failure to report outside assistance could result in reduction or cancellation of financial aid administered by Arkansas Colleges of Health Education.** Federal and state regulations state that a student cannot receive scholarships and other need-based financial aid more than their financial need. Regulations also state that the combined amount of a student’s aid cannot exceed their cost of attendance if the student also receives any institutional, federal, or state aid. If you were awarded federal student loans prior to the submission of this report, your loans may be reduced or cancelled.

**If you have questions regarding the billing of your scholarship program,** or your student account, please contact the Office of the Controller at (479) 308-2281, or by email at stacey.young@acheedu.org.

**If you have questions regarding your financial aid award,** please contact the Office of Financial Aid at (479) 308-2200, or by email at financialaid@acheedu.org.
SCHOLARSHIP REPORTING FORM
2019-2020 Academic Year

Student’s ID # ___________________________ Phone # ___________________________

Student’s Full Legal Name: ______________________________________________________
(Please print clearly) Last First Middle

Federal and state regulations require students to report any scholarship, grant, or other assistance received from sources other than Arkansas Colleges of Health Education (ACHE). Failure to do so may result in cancellation of all aid administered by ACHE. Students should report scholarships awarded regardless of whether the funds have been received; scholarships being renewed from the previous year; and all other sources of assistance not reported on the award notification. If the student knows the award amounts for the full year (all semesters and terms), the amounts should be reported for all semesters and terms. Do not report partial amounts or only one term when awards are for the full year.

This form may be used to report: a scholarship or other third-party program sending funds to ACHE; scholarship and third-party programs expected to be received; and scholarship and third-party programs when funds have been given directly to the student.

Pending credit for scholarships will not be entered on the student account unless a copy of official documentation from the awarding organization (containing the student name, ID, amount, semesters, and sponsor billing address with contact information) is sent with the reporting form.

Please use the official name of the scholarship and the awarding organization. A separate form should be completed for each scholarship or award. Please make copies of this form or print additional forms as needed.

Have you received this scholarship in a previous year at ACHE? □ Yes □ No
Is the scholarship eligible for renewal? □ Yes □ No
Will the check be sent directly to ACHE? (If not, please see reporting form instructions on page one) □ Yes □ No

Official Scholarship Name __________________________________________ Awarding Organization Billing Address __________________________________________
Official Awarding Organization Name __________________________________ Awarding Organization City, State, Zip __________________________________________
Billing Contact Person Name __________________________________________ Phone and Email of Billing Contact Person __________________________________________

Amount Awarded- Fall 2019 $ ___________________________ Amount Awarded- Spring 2020 $ ___________________________

I certify that the information contained on this form is true and correct to the best of my knowledge.

Student Signature: ___________________________ Date: ___________________________

Electronic/Typed signature is not allowed

Mailing Instructions- Please send completed form(s) with award letter(s) to:
Arkansas Colleges of Health Education • Office of the Controller • PO Box 10366 Fort Smith, AR 72917-0366
Phone (479) 308-2281 Fax (479) 308-2266