



# UNIVERSITY of ALASKA ANCHORAGE

## NSE Plan A Enrollment Form for APS and UA Scholars

Office of Financial Aid 3211 Providence Drive UC 105 Anchorage, AK 99508  
[www.uaa.alaska.edu/financialaid](http://www.uaa.alaska.edu/financialaid) (907) 786-1480 Fax: (907) 786-6122 [financial.aid@uaa.alaska.edu](mailto:financial.aid@uaa.alaska.edu)

The Office of Financial Aid needs additional information when a National Student Exchange (NSE) student in a Plan A program wishes to use Alaska Performance Scholarship (APS) and/or UA Scholars funding. If you are a student on the NSE Plan A and you are eligible for an APS or the UA Scholars award, please return this completed form to the Office of Financial Aid as soon as possible, preferably within the first two weeks of the semester for which you are requesting funding. Additional information may be requested upon receipt of this form. Be sure to monitor your UAA Preferred Email Account for additional instructions.

### I. STUDENT INFORMATION

Student Name \_\_\_\_\_ UA Student ID# \_\_\_\_\_

NSE Host School Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Award Requested (check all that apply):  Alaska Performance Scholarship  UA Scholars

### II. HOST SCHOOL INFORMATION (to be completed by Host Institution)

The student will be enrolled in \_\_\_\_\_ units from \_\_\_\_\_ to \_\_\_\_\_ (specific dates), which is considered to be:  ½ time  ¾ time  full-time enrollment

Check the appropriate term for your institution:  quarter  semester  other: \_\_\_\_\_

Complete the following information for the period of enrollment above:

Cost of Attendance:		Type of Aid Awarded:	
Tuition	\$	Federal PELL grant	\$
Books and Supplies	\$	Federal SEOG	\$
Fees	\$	Federal Stafford Subsidized Loan	\$
Room/Board	\$	Federal Stafford Unsubsidized Loan	\$
Personal/Misc.	\$	Other Grants/Scholarships	\$
Transportation	\$	Other:	\$
TOTAL	\$	TOTAL	\$

*By signing this form I certify the information in this section is accurate. I will notify the UAA Office of Financial Aid if the information above changes, including in the event of a total withdrawal.*

Financial Aid Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Contact Phone & E-mail: \_\_\_\_\_

### III. STUDENT SIGNATURES

*I certify that all the information reported on this worksheet is complete and correct. I will notify the UAA Office of Financial Aid within 5 business days if any of the above information changes.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_