

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
LITTLE ROCK, ARKANSAS

**ACADEMIC NON-RESIDENT TUITION WAIVER PROGRAM APPLICATION**

Graduate School  Health Professions  Medicine  Nursing  Pharmacy  Public Health

Have you been accepted for admission at UAMS?  Yes  No

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Last/First/MI

2. Current Legal Address: \_\_\_\_\_  
Street and Number

\_\_\_\_\_

City	County	State	Zip Code	Phone
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3. Local Address: (if different) \_\_\_\_\_  
Street and Number

\_\_\_\_\_

City	County	State	Zip Code	Phone
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4. What, if any, are your ties to the state? (e.g., lived in the state in the past, spouse is a native, etc.)

\_\_\_\_\_

5. How likely is it that you will remain in Arkansas to work (practice) after graduation?

Very likely  Likely  Somewhat likely  Not very likely  Don't know

Comments:

6. Attach copies of documentation to demonstrate that you meet the scholastic requirements established for your college.

**SIGNATURE:** By signing below, I affirm that the information given is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **ADDITIONAL INFORMATION**

As part of your application, you must prepare a 500-word essay describing:

- a) your academic background and professional aspirations, with particular emphasis on challenges you have encountered, or continue to encounter..
- b) the impact that the tuition waiver would have on your ability to fulfill those plans and aspirations.
- c) additional information that bears on your application.

*You may provide your response in the space provided below or attach a separate page).*

Please submit this form to the Dean's Office