

## SURF STUDENT FORM

1. Name: \_\_\_\_\_

2. Education:

a. Institution: University of Arkansas at Little Rock

b. Program of Study\Degree: \_\_\_\_\_  
(Interest area, e.g., English, biology, chemistry, engineering, etc.)

c. Expected Graduation Date: \_\_\_\_\_  
(If at a 2-year institution, indicate graduation date from 2-year institution; if at a 4-year institution, indicate graduation date from 4-year institution.)

d. Classification: \_\_\_\_\_  
(Sophomore, Junior, Senior)

e. Grade Point Average (GPA): \_\_\_\_\_  
(minimum 3.25 GPA required for application submission)

f. Hours Completed: \_\_\_\_\_

g. Enrolled full time? ☒ Yes ☐ No

h. Scholarships, Endowments, Fellowships, etc.: \_\_\_\_\_  
\_\_\_\_\_

3. Please provide any additional information that qualifies you for support by this program. List your educational career goals. (Use additional paper if necessary.)