UNIVERSITY OF THE OZARKS

INSTITUTIONAL FINANCIAL NEED APPLICATION

This information will be used to determine eligibility for an Ozarks Grant. Please complete as accurately as possible.

Student Name _____ Date _____

Where are you planning to live? ☐ On Campus ☐ Off Campus

Calendar Year 2025 Parental Income

How much did parent 1 earn from working? $_____

How much did parent 2 earn from working? $_____

Parental Assets

Cash, savings & checking $_____

Net worth of investments $_____
Do not include home in which you live

Net worth of business and/or investment farm $_____
Do not include family farm where you live

Calendar Year 2025 Student Income

How much did student earn from working? $_____

Student Assets

Cash, savings & checking $_____

Net worth of investments $_____
Do not include home in which you live

Net worth of business and/or investment farm $_____
Do not include family farm where you live

Household Information

Number in household _____

Number attending college 2027-2028 _____

Signatures

By signing the application, I agree, if asked, to provide information that will verify the accuracy of the completed form.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Did either of your parents complete Bachelor's Degrees? ☐ Yes ☐ No