

UC Clermont
“Sauls Stay in School”
Grant Application

The Stay-in-School Fund was established in 1990 by James E. Sauls, Sr. out of concern for UC Clermont College students who may have to drop out of school due to a financial emergency. To help UC Clermont College students pursue their education, the program provides stop gap funding until other identified resources become available.

The continued availability of funds is dependent upon recipients later donating back to the fund. Please give back when you can.*

Applicant:

Name: _____ Student ID # _____

Street Address: _____

City, State: _____ Zip: _____ Email: _____

Cell Phone # _____ Alternate Phone# _____ Expected Graduation Date: _____

Amount Requested: \$ _____

Reason for Grant: (student must provide supporting documentation; receipts, repair quote, estimates etc.)

Thank you Letter: (a formal note must be sent and copy put on file before award can be applied to account)

Sauls Stay-in-School

To: Mr. James Sauls, Jr. and Family

522 Chapel Road

Amelia, OH 45102

Are you eligible for a refund from financial aid? Y/N

Certificate or Degree Program enrolled in _____

Notes: _____

Grant Agreement: *Please acknowledge agreement by initialing each line.*

I, _____, understand and agree that:

____ This grant is a stop gap designed to cover financial emergencies until identified resources come available.

____ I am a current UC Clermont College student, in good standing

____ I have provided a source document validating need for grant (i.e. invoice, letter, repair quote, estimate, etc.)

____ I have sent a “thank you” note to the donor.

____ My name, grant amount, grade point average, and the city and state in which I reside will be included in a year end report to the foundation.

Recipient signature: _____ Date: _____

Donations paid to **University of Cincinnati, noting **Sauls Stay in School fund**.*

For Internal Use Only:

Approved by: _____ Date: _____
Enrollment and Student Services Representative

Approved by: _____ Date: _____
College Development Representative

Approved by: _____ Date: _____
Business Office Representative (or Designee)

Enrolled: Y/N Transcript Ck: Y/N Fin Aid: Y/N Prev Tuition Loan: Y/N

Dates Attended _____ GPA _____ Est Fin Aid Amt _____

Ck Request sent: _____

Ck Date Disbursed: _____ Ck Date Returned: _____

Grant not approved _____ Reason _____