**ARP Application for Grant Request**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Class: FR SP JR SR Anticipated Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Check if you agree to have your grant directly applied to your student account.**

**Please describe the circumstances that you are in need of this grant and how this grant would change your current financial situation:**

**Please email this grant request to** **financialaid@unwsp.edu****.**