



SCHOOL PROFILE FORM

Institution/School:	University of Arkansas Rich Mountain		
Mailing Address:	1100 College Drive		
City, State, Zip	Mena, AR 71953		
Physical Address (if different):	same		
City, State, Zip			

Type of Institution: <u>x</u> 2-year <u>4-year</u> Public Private

Type of Student ID Used: ____ SSN ____ Unique Student ID

Do you release grades/transcripts to scholarship grantors? _____ Yes ____ No

LIST OF CONTACTS

Function	Name	E-Mail Address	Phone
Financial (Treasurer's Office)	Kathy Mash	kmash@uarichmountain.edu	479-394-7622 Ext. 1510
Early Childhood Education Coordinator	Charlotte Wiles	cwiles@uarichmountain.edu	479-394-7622 Ext. 1460
Student Services Coordinator	Chad Fielding	<u>cfielding@uarichmountain.edu</u>	479-394-7622 Ext. 1400
Registrar	Joanne Coogan	jcoogan@uarichmountain.edu	479-394-7622 Ext. 1410

Who should charge approval requests go to and email address?: <u>Krystal Thrailkill,</u> <u>kthrailkill@uarichmountain.edu</u>

After completion, please scan and e-mail to <u>teach@arkansasearlychildhood.org</u>. Call 501-680-1930 if you have any questions. Thank you.