

EXPERIENTIAL LEARNING STIPEND APPLICATION

FOR NATIONAL ACHIEVEMENT FINALISTS, NATIONAL MERIT FINALISTS, & NATIONAL HISPANIC RECOGNITION SCHOLARS

Name _____ BlazerID _____

Major _____ Class Standing _____ Phone Number _____

In what type of experiential learning program will you be participating?

Education Abroad _____ Internship _____ Co-op _____ Faculty Approved Research _____

Other (Please explain.) _____

What dates will your program *begin* and *end*? _____

Where is your program located? _____

During which term(s) will your program occur (*provide year of term*)? Fall _____ Spring _____ Summer _____

During which term will your stipend need to disburse (*provide year of term*)? Fall _____ Spring _____ Summer _____

If the program is NOT affiliated with UAB, please provide the following information:

Will you be earning academic credit during your program? Yes _____ No _____

- How many hours of credit do you expect to earn? _____
- Have you met with your academic advisor to discuss the transferability of credit and whether a *Transient Form* is needed? Yes _____ No _____
- Will you also be receiving financial aid during the term of your program? Yes _____ No _____
- If yes, have you submitted a consortium agreement? Yes _____ No _____

If the program is affiliated with UAB, please provide the following information:

Will you be earning academic credit during your program? Yes _____ No _____

- How many hours of credit do you expect to earn? _____
- If you will be participating in faculty approved research, please identify the UAB faculty member with whom you will be working. _____
- Department of faculty member _____
- Have you contacted the faculty member? Yes _____ No _____

Student's Signature _____ Date _____

Name of Supervising Personnel (*please print*): _____

Title: _____ Telephone: _____

The signature of the supervising personnel below verifies that the applicant is participating in your Education Abroad, Internship, Co-op, or Research program during the designated term.

Signature: _____ Date: _____

Office of Undergraduate Scholarships
936 Building
936 19th Street South
205.934.8134
Fax 205.934.8941

www.uab.edu/scholarships
Mailing Address:
936 BLDG
1720 2ND AVE S
BIRMINGHAM AL 35294-3704