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): ____________________________ 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: ____________________________

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