



SCHOLARSHIP APPLICATION FOR ACADEMIC ENRICHMENT AWARD

To be completed by the student:

Name: _____ Social Security Number: _____
 Home Address: _____ UD Student ID Number: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Email Address: _____ Campus/Local Phone: _____
 Date of your UD campus visit: _____
 You intend to use the scholarship funds for a (Please check one): Study Abroad trip Research project
 I intend to use the scholarship funds for (check term and designate year): Fall 20____ Spring 20____ Summer 20____

Statement of Authorization:
 I agree to:

- Only use the scholarship funds for study abroad expenses or a research project.
- Inform the University of Dayton immediately if I choose not to enroll or otherwise cancel my participation in this program.
- Obtain the necessary signature from the person identified below to verify my participation in a study abroad or research project.

I understand that:

- The scholarship funds, once disbursed, will be deposited directly to my university student account.
- If I use the funds for a study abroad trip, they may only be used in a UD-sponsored study abroad program.

Student Signature: _____ Date: _____

If Study Abroad - To Be Completed By UD Center for International Programs Representative:

Please sign below verifying that the above student will participate in a University of Dayton-sponsored study abroad experience for the term specified above.

Authorized Signature **Date**

Print Name **Title**

If Research Project - To Be Completed By UD Faculty Advisor:

Please sign below verifying that the above student will participate in an undergraduate research project for the term specified above.

Authorized Signature **Date**

Print Name **Title**