



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):	
<input type="checkbox"/> Study Abroad trip <input type="checkbox"/> 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:	
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

Please submit completed application to the attention of Jennifer Healey, Office of Financial Aid