

Offer Confirmation Form

President's Earn and Learn Scholarship Program

Please be sure all information is complete and legible.

Students submit this form as part of the application for the President's Earn and Learn Scholarship Program.

Students: Please complete your name and ID, then send to your supervisor/hiring manager to complete.

Student Name: _____ Buff ID #: _____

Supervisors and Hiring Managers: In order to consider students for scholarship funding, information about the internship, research project, or other experiential learning opportunity is needed from the student's supervisor. Thank you in advance for your help in providing this information.

Name of Company/Organization: _____

Student's Supervisor Name & Title: _____

Student's Supervisor Contact Information:

Address: _____

Phone: _____ Email: _____

Student's Position and Title: _____

Start/End Date of Internship, Research Project, or Experiential Learning Opportunity:

Start: _____ End: _____ Hours to work per week: _____

Is this a paid or unpaid opportunity? _____

If paid, what is the rate of pay? _____

Will the student complete a minimum of 240 hours over the semester? _____

How often will the student meet with their supervisor? _____

Brief Description of Internship/Research Project/Experiential Learning Opportunity:

Supervisor's Signature: _____ Date: _____

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Questions? Contact Steve Sellars, Internship Coordinator
sellars@wtamu.edu, (806) 651-2345

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