

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 the student for scholarship funding, the following information is needed. Thank you in advance for your help in providing this information.

Name of Company/Organization:

Supervisor Name & Title:

Address, City, State & Zip Code:

Phone:

Email:

Student's Position and Title:

Check the appropriate type of experience:

Internship

Research Project

Other Learning Opportunity

Start Date:

End Date:

Hours to work per week:

Tentative weekly schedule – day and hours worked each day.

Is this a paid or unpaid opportunity?

Paid

Unpaid

If paid, what is the rate of pay?

Will the student complete a minimum of 240 hours over the semester? Yes No

How often will the student meet with their supervisor?

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

Supervisor's Signature: _____

Date: _____

Questions? Contact Steve Sellars, Career and Professional Development
ssellars@wtamu.edu | 806.651.2345 | CC 113t