

Offer Confirmation Form

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 Earn and Learn Scholarship Program.

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

Student Name: [Click or tap here to enter text.](#) Buff ID # [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

Supervisor Name & Title: [Click or tap here to enter text.](#)

Address, City, State & Zip Code [Click or tap here to enter text.](#): [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#) Email: [Click or tap here to enter text.](#)

Student's Position and Title: [Click or tap here to enter text.](#)

Check the appropriate type of experience.

Internship

Research Project

Other Learning Opportunity:

Start Date: [Click or tap to enter a date.](#) End Date: [Click or tap to enter a date.](#)

Hours to work per week: [Click or tap here to enter text.](#)

Tentative weekly schedule – day and hours worked each day.

[Click or tap here to enter text.](#)

Is this a paid or unpaid opportunity? [Click or tap here to enter text.](#)

If paid, what is the rate of pay? [Click or tap here to enter text.](#)

Will the student complete a minimum of 240 hours over the semester? [Click or tap here to enter text.](#)

How often will the student meet with their supervisor? [Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

Supervisor's Signature: _____ Date: _____

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Questions? Contact Career and Professional Development
wtcareer@wtamu.edu, (806) 651-2345

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