University Scholars Program Stipend Disbursement Acknowledgement

USP Scholar Applicant Information:

Name: _____ UFID: _____

Gatorlink Email Address: _____ Phone: _____

USP Faculty Mentor Information:

Name:_____ Department: _____

Email Address: _____ Phone: _____

Statement of Understanding:

I agree to complete the requirements of the University Scholars Program by the due dates, and if I do not complete the requirements by the due dates, I will be put into repayment for the full amount that has been disbursed to me. The funds will be disbursed as follows: $750 in the Fall and $1000 in the Spring. I understand that the disbursement of the University Scholars Program stipend does not change any of the requirements or due dates of the program.

Student Signature Date

Faculty Mentor Signature Date