

SALLY MCDONNELL BARKSDALE HONORS COLLEGE

HONORS FELLOWSHIP APPLICATION

Name _____

Local Address _____

Street

City

State

ZIP

Local Phone _____ E-mail _____ Student ID _____

Major(s) _____

Minor(s), if any _____

Expected date of graduation _____

Number of honors hours completed or in progress _____

Are you in good standing as an honors student (GPA, Honors hours, CAC)? _____

For what activity and location do you seek a Fellowship?

For what term(s) and year is this proposed activity (e.g., Fall, Spring, First Summer, Second Summer, Full Summer)?

Will you be registered for UM credit for this experience?

For your application to be considered, please attach a brief description (500-700 words) that tells us how your proposed experience will enhance your growth as a citizen scholar. How will this activity support your academic, professional or personal goals? How competitive is acceptance for this activity? If you will earn academic credit, how much credit and at what level? Will the courses count toward your major? If you wish to study abroad, how often have you been abroad before and for what purposes? Will courses be taught in the language of the host country? If the project is of your own design and implementation, provide full details of your plans, expectations, and proposed outcomes. If the activity is satisfying the Exploratory Research Project requirement, please note that for the committee.

In addition to this application form and the description, please submit the following:

- ❖ a current unofficial transcript;
- ❖ a brochure or other material (printout from website) describing the program (if available);
- ❖ a budget showing projected costs and available funding (a form is attached on the back).
- ❖ Lastly, (while not submitted to the SMBHC), you **must** have a current FAFSA on file with the University's Financial Aid office.

Priority Consideration Deadline: April 1

Submit completed application to SMBHC, Room 302.

SALLY MCDONNELL BARKSDALE HONORS COLLEGE
HONORS FELLOWSHIP APPLICATION BUDGET FORM

PLEASE ITEMIZE COSTS AND AVAILABLE FUNDING FROM ALL SOURCES

Budget for Activity (total expected costs*) _____

University Financial Aid (if any) _____

Parents' Contribution _____

Personal Contribution _____

*Please show a break-down of the total expected costs. Sample categories are listed; add any others that might apply.

Transportation to/from location of activity: _____

Tuition and fees: _____

Book and supplies: _____

Living Expenses
(lodging, food, daily transportation): _____

other (specify): _____

other (specify): _____

other (specify): _____

other (specify): _____

BUDGET FOR ACTIVITY
(total of the expected costs) _____

Priority Consideration Deadline: April 1
Submit completed application to SMBHC, Room 302.