

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) _____

Expected Date of Graduation _____

Number of honors hours completed _____

Are you in good standing in the SMBHC (GPA, honors hours, CAC)? YES or NO

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, 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 Capstone for Thesis 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 322

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): _____

Family/Friends' Contribution: _____

Personal Contribution: _____

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

TRANSPORTATION

(to/from location of activity): _____

TUITION & FEES: _____

BOOKS & SUPPLIES: _____

LIVING EXPENSES

(lodging, food, daily commute): _____

OTHER (specify): _____

OTHER (specify): _____

OTHER (specify): _____

BUDGET FOR ACTIVITY

(total of expected costs): _____

Priority Consideration Deadline: April 1
Submit completed application to SMBHC, Room 322