



College of Undergraduate Studies High Impact Experiences Stipend Program Application

Personal Information:

Name: \_\_\_\_\_

UCF Student ID: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

UCF Email: \_\_\_\_\_ Phone: \_\_\_\_\_

HIE Activity:

Title of HIE Project: \_\_\_\_\_

Type of Activity (e.g., student research project, conference presentation, summer research training, conference attendance, travel expenses for study away or study abroad trips): \_\_\_\_\_ (Add additional space in PDF form.)

Date(s): \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Funding Request:

Total Amount Requested: \$ \_\_\_\_\_

Budget Breakdown (itemize expenses, e.g., registration fees, travel, accommodation, and materials): Note: Be sure to consult UCF's Travel Manual for UCF travel procedures and guidelines. Use additional sheets if necessary.

Table with 3 columns: Item Description, Estimated Cost, Justification/Comments. Multiple empty rows for data entry.

Total: \_\_\_\_\_

**Purpose and Benefits:**

Please provide a brief description of the research/activity and explain how it aligns with your academic and career goals. Describe the potential benefits to your academic and professional development.

**Supporting Documents:**

Please attach any relevant documents, such as conference acceptance letters, research proposals, travel estimate documents or any other supporting materials.

**Faculty Advisor/Supervisor Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Additional Information/Comments:**

Is there any additional information you would like to provide regarding your funding request?

**Declaration:**

I hereby confirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that the approval of funding is subject to review and compliance with institutional guidelines.

By submitting the UCF College of Undergraduate (CUGS) High Impact Experiences Program stipend application, you are giving your consent for CUGS to release your student information to appropriate CUGS stipend selection committee members, UCF Foundation, as well as, the administration of the CUGS stipend program. This includes, but is not limited to, your application information, GPA, year in school, and major. I have read and agree to the above terms and conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this completed form and all relevant supporting documents to the College of Undergraduate Studies.

For any inquiries or assistance, please email the College of Undergraduate Studies.