

# Tier One Scholar - Study Abroad Stipend Form

Please print and complete this **Study Abroad Stipend form** and obtain the required signatures. The completed form and any supplementary materials must be submitted Sarah Bhojani in The Honors College, MD Anderson Library, room 212U or by email to [sabhojani@uh.edu](mailto:sabhojani@uh.edu).

Please allow at least 10 business days for your request to be processed. We recommend submitting the application at least a month before your deposit or fees are due. Upon approval, the Office of Scholarships and Financial Aid will post to your myUH account an award in the amount of \$2,000. You will be notified when your award has been posted. Once posted to your account you may request a refund through the 'Self Service Refund Request'. **Your refund amount may be less than the award amount if you have a prior outstanding balance on your myUH account.** For questions, contact Sarah Bhojani by email or phone at 713-743-9006.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
MyUH ID: \_\_\_\_\_

Name of Study Abroad Program: \_\_\_\_\_

Type of Study Abroad:

☐ Affiliated ☐ Reciprocal Exchange ☐ Special (short-term) ☐ Faculty-Led ☐ Internship ☐ Other

Please give a brief description of the study abroad program. Attach the program flyer or website if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate start date and end date of your study abroad: from \_\_\_\_\_ to \_\_\_\_\_

Will you receive UH Course Credits for the experience? ☐ YES ☐ NO **If YES, attach Course Equivalency Form, (If you are receiving credit for a faculty-led study abroad trip, attach your schedule showing enrollment in the course.)**

Will you receive any salary during your time abroad? ☐ YES ☐ NO **If YES, explain:** \_\_\_\_\_

Will you receive any other type of scholarship or fellowship for this Study Abroad? ☐ YES ☐ NO

If yes, please list name(s) of scholarship/fellowship/program and funding amount:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify that I will utilize the \$2,000 stipend for my study abroad program. If I am unable to go on the planned trip due to unavoidable circumstances, I will notify Sarah Bhojani immediately and make arrangements to refund the stipend within 30 days of the original trip start date. Please contact Sarah Bhojani regarding any extenuating circumstances.

\_\_\_\_\_  
Signature of Tier One Scholar

\_\_\_\_\_  
Signature of Faculty Director (for faculty-led study abroad only)

\_\_\_\_\_  
Signature of Study Abroad Advisor, UH Study Abroad Office