



The University of West Alabama
Teacher Connect Scholarship Program
Participant Verification Form

Participant's Last Name	
Participant's First Name	
UWA Student ID Number (7 Digits)	
School System of Employment	
School System Address	
Participant's School District Email	

*Incomplete forms will not be accepted.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for the Teacher Connect Scholarship Program. UWA reserves the right to obtain additional verification at any point and for any reason in order for the Participant to join or remain in the Teacher Connect Scholarship Program. Additional terms and conditions may apply.

Participant's
Signature

Date

Please email your completed form to teacherconnect@uwa.edu