

UWA | ONLINE

The University of West Alabama
Business Connect Scholarship Program
Employment Verification Form

Participant's Last Name	
Participant's First Name	
UWA Student ID Number (7 digits)	
Employer	
Position	
Hire Date	
Employer's Phone Number	
Employer's Address	
Supervisor's Name	
Supervisor's Phone Number	
Supervisor's Email	
Will you be using a Federal VA Benefit(s) in conjunction with this scholarship? If yes, which benefit(s)?	

*An incomplete form 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 Business 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 Business Connect Scholarship Program. I certify that I have read and agree to the terms and conditions of the Business Connect Scholarship Program and that I am responsible for adhering to any changes made to the Business Connect Scholarship Program while in the program. Additional terms and conditions may apply.

Participant's
Signature

Date

Supervisor's
Signature

Date

Please email your completed form to businessconnect@uwa.edu