



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

\_\_\_\_\_  
Participant's  
Signature

\_\_\_\_\_  
Date

Please email your completed form to [teacherconnect@uwa.edu](mailto:teacherconnect@uwa.edu)