



Honors Enrichment Application

Return this application and the [required attachments](#) to:

186 S. College Avenue - Newark, DE 19716 or by email to honors@udel.edu

Name:	UDID:
Permanent Address:	
City, State, Zip Code:	
Phone:	Email:

College(s):	
Major(s):	
Minor(s):	
Cumulative GPA:	Expected Grad Year:

Name of the program:
Location(s) of the program:
Start date:
End date:
Brief description of the program/activity:

UD Faculty/Staff Recommender:
Email:

Have you participated in a similar program during college before?
If yes, please describe the program with participation dates and any sources of funding:

If this is an international proposal, does your destination carry a Level 3 distinction on the [US State Department's travel warning page?](#)

Note that the University normally does not permit institutionally funded student trips to countries on the State Department's warning list. If your travel destination is under a Travel Warning it will be your responsibility to present your case to UD's Risk and Security Assessment Committee to request an exception to this policy. Funding will be rescinded for those whose petition is not approved.

I verify that all information in this application is valid. I release the UD Honors College from any liability regarding all aspects of the program for which I am applying, and I authorize the UD Honors College to contact the Office of Student Conduct to review my disciplinary records, if any.

Signature:

Date:

Honors Enrichment Expense Form

Please calculate all funding sources and costs that are applicable to your enrichment request and provide details in the space below each category. You will need to include [supplemental cost documentation](#) verifying this information in your application.

Preferred disbursement method:

Funding Sources:

Please indicate what costs you will personally be covering.	\$
Please indicate other sources of funding you are earning, e.g. fundraising, scholarships, awards, etc.:	\$
Total funding outside of Honors:	\$

If there are financial circumstances that you are comfortable sharing that would prevent you from participating in your proposed activity without this funding, please explain:

Expense Details:

Airfare, bus, car rental:	\$
Gas/mileage:	\$
Other transportation costs:	\$
Hotel/Lodging:	\$
Registration/program/conference fees:	\$
Other items (please specify below):	\$
Total cost of the program/activity:	\$
Total amount requested (not to exceed \$3,000):	\$