



## UNIVERSITY SCHOLARS PROGRAM APPLICATION

**UF College of Dentistry Deadline: Friday, February 6, 2026**

### Applicant Information:

Last Name, First name	UF ID Number	
Local Address		
Phone Number	Gatorlink E-mail address	
Major	Current Class/College	Expected Graduation Date
Are you a Foreign National? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Are you a Matchin Florida Opportunity Scholar? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Are you on Financial Aid (do not include Bright Futures)? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Are you UF-Online? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Does your research have an artificial intelligence (AI) component that could be considered for USP AI Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Faculty Mentor Information:

Name	E-mail
Department Name	College
Departmental Fiscal Contact	Department ID

### Procedure and Supporting Documents:

1. Attach a typed summary of your proposed research project, maximum one page.
2. Attach a letter of support from the faculty mentor, stating that the mentor will agree to supervise this project and any other supporting information.
3. Attach your signed copy of the Student Payment Acknowledgement form.

Applications and supporting materials are **due to the department or college office of your faculty mentor on the due date posted for that department or college.** For more information, please visit <http://www.cur.aa.ufl.edu/university-scholars-program/> **Note that in order to be eligible, you must not earn your bachelor's degree before Spring 2027.**

If selected, you must attend an orientation session with the Center for Undergraduate Research on April 7, 2026 in the O'Connell Center.

Please note that if you do not complete the requirements of the USP program you will be put into repayment for the amount of the stipend.

## **University Scholars Program Stipend Disbursement Acknowledgement**

***USP Scholar Applicant Information:***

Name: \_\_\_\_\_ UFID: \_\_\_\_\_

Gatorlink Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***USP Faculty Mentor Information:***

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***Statement of Understanding:***

I agree to complete the requirements of the University Scholars Program by the due dates, and if I do not complete the requirements by the due dates, I will be put into repayment for the full amount that has been disbursed to me. The funds will be disbursed as follows: \$750 in the Fall and \$1000 in the Spring. I understand that the disbursement of the University Scholars Program stipend does not change any of the requirements or due dates of the program.

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Student Signature

Date

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Faculty Mentor Signature

Date