



**Scholarship Applicant Practicum Verification Form**

Date: \_\_\_\_\_

This document is to provide documentation that (Name) \_\_\_\_\_  
has accepted a child life practicum at (Location) \_\_\_\_\_  
with a start and end date of (Date) \_\_\_\_\_.

*\*Due to practicum program dates varying, practicum students must have secured a future practicum or currently be fulfilling their practicum by the due date of this form. Finished practicums are not eligible.*

Signatures required:

\_\_\_\_\_  
Education Coordinator/Practicum Coordinator/Manager/Director \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Student\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
GLACLP President Elect (post awarded scholarship)

\_\_\_\_\_  
Date

*\*Must have signature for application submission, if awarded scholarship GLACLP President Elect will sign off on Verification Form.*

Please email this form to: [scholarships.glaclp@gmail.com](mailto:scholarships.glaclp@gmail.com) with subject  
"Summer Practicum Scholarship Verification Form" by **Friday, March 17, 2023**  
**by 11:59pm EST.**

For any questions, please contact the Scholarship Committee at  
[scholarships.glaclp@gmail.com](mailto:scholarships.glaclp@gmail.com)