USI Study Abroad Programs
Harlaxton College

Scholarship Application

One or two scholarships of $5000.00 will be awarded during the fall semester & the spring semester each academic year (a total of 3 scholarships per year).

Application consists of:

♦ Application cover sheet with estimate of financial need
♦ Letter of reference from USI faculty (enclosed form and letter)
♦ Unofficial transcript
♦ One-page essay addressing the following:
  
  o Your specific goals--both personal and academic--relating to your study at Harlaxton College.
  o Your plan for achieving each goal while studying abroad.
  o Your ideas for teaching others at USI and within the community what you have learned during your study abroad experience.
  o Other information that will support and strengthen your application

Deadline
Applications must be submitted to International Programs and Services by:

♦ April 1st for Fall Semester
♦ November 1st for Spring Semester

Requirements
Scholarship recipients must complete a post-exchange student evaluation form and make a presentation about their study abroad experience during the semester following their program. Presentations could take place during study abroad information sessions, study abroad orientation, or special programs promoting study abroad.
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Harlaxton College
Scholarship Application

Name:_________________________________________________

USI ID #:_____/_____/_____  Email:_________________________

Cell phone:_________________________

Major:_____________________  Cumulative GPA:_____________

Term:   □ Fall 20____  □ Spring 20___

List your expenses during your Study Abroad program:

A. Estimated costs (please complete as appropriate):
   - Program fee: $_____
   - International transportation (roundtrip): $_____
   - Personal expenses, travel, etc.: $_____
   - Other (specify): ______________________  $_____

   SUBTOTAL $_____

B. If you rely on work/study grants or other job income, you may estimate the income amount you will not be able to earn during the period of your exchange.
   - _______ months x $______/month = $_____

   TOTAL COSTS (A + B): $_____

Calculate your contribution for this time period:

A. Personal Savings/Family Funds $_____
B. Financial Aid – scholarships, grants & loans $_____

   TOTAL RESOURCES AVAILABLE: $_____

I acknowledge that all information on this application is complete and accurate to the best of my ability.

Student signature       Date
Harlaxton Scholarship Applicant to complete this section:

Faculty Recommendation for: ________________________________________________________

Student First Name __________________________ Last Name __________________________

Under the US federal law (Section 438 of Public Law 90-247, as amended) students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

Applicant’s signature __________________________ Date ______________

USI Faculty to complete this section:

A. Thank you for your willingness to provide a faculty reference for the USI Harlaxton College Scholarship. Please indicate the student’s ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

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<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Outstanding</th>
<th>Inadequate opportunity to observe</th>
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<td>Knowledge in area of specialization</td>
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<td>Motivation and seriousness of purpose</td>
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<td>Ability to plan and carry out independent study/research</td>
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<td>Ability to express thoughts in speech and writing</td>
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<td>Emotional stability and maturity</td>
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<td>Self-reliance and independence</td>
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B. Please submit a reference letter to answer the following questions on USI letterhead.

1. How long and in what capacity have you known the applicant?

2. Please comment specifically on the applicant in terms of the following: (a) academic suitability for the proposed plan of study; (b) personal suitability for living abroad; (c) how participation in the Harlaxton program will be of benefit, both academically and personally; (d) weaknesses; and (f) any other factors that you believe may affect a successful experience.

Faculty Name __________________________ Signature __________________________ Date ______________

Please return this form and your letter of recommendation to Center for International Programs, UC East 1236, by November 1st (spring semester abroad) or April 1st (fall semester abroad).

Please contact Melissa Gonnerman at mgonnerman@usi.edu if you have questions.

Thank you for your interest and participation.