

LCOBA STUDY ABROAD SCHOLARSHIP APPLICATION

1. APPLICANT INFORMATION

Last Name _____ First _____ Middle Initial _____

Local Address: _____ Apartment # _____

City _____ State _____ Zip Code _____

Permanent Home
Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Student ID Number _____ Date of Birth: Month _____ Day _____ Year _____

Home Telephone (____) _____ Mobile Telephone (____) _____

Permanent Telephone (____) _____

VSU E-mail Address _____ Personal E-mail address _____

2. STUDY ABROAD PROGRAM APPLIED FOR

Name of Program and/or University _____

Where will you go? _____

B. List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities. Attach additional sheet, if necessary.

Activity	No. of Years	Special Awards, Honors	Offices Held
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5. WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Position	From-Mo/Yr	To-Mo/Yr	Hours per Week
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6. GOALS AND ASPIRATIONS

Write a brief statement (200-400 words) of your plans as they relate to your study abroad endeavors and long-term goals. What are your long-term goals? Why do you wish to study abroad? What impact would a study abroad experience have on your long-term goals? Include any unusual circumstances or other factors bearing on your application, and any reasons regarding why you are a good candidate for a Study Abroad Scholarship.

7. ATTACH YOUR BANNER TRANSCRIPT

APPLICANT'S CERTIFICATION

I certify that I meet the basic eligibility requirements of the program as described in the application and information sheet, and that the information provided by me is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. I understand that falsification of information may result in termination of any scholarship granted, and may result in possible further actions. I agree that the decisions of The Study Abroad Scholarship Program are final.

Applicant's Signature _____ Date _____

This application becomes the property of the Study Abroad Scholarship Program. Please keep a copy for your files.