

ISA DIVERSITY SCHOLARSHIP APPLICATION



ISA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, DISABILITY, AGE, GENDER, OR RELIGION ACCORDING TO THE EEOC GUIDELINES.

Please type or print in ink.

PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PROGRAM INFORMATION

CITY

COUNTRY

TERM/SESSION

PROGRAM PRICE

PROGRAM DATES

SCHOLARSHIP ELIGIBILITY

APPLICANT MUST:

- HAVE AT LEAST A 2.75 CUMULATIVE GPA.
- BE ENROLLED IN SECOND OR THIRD YEAR OF UNDERGRADUATE EDUCATION AT TIME OF ISA PROGRAM PARTICIPATION AT A U.S. UNIVERSITY/COLLEGE.
- BE ACCEPTED TO AN ISA PROGRAM. PLEASE NOTE THAT STUDENTS PARTICIPATING IN AN ISA CUSTOMIZED PROGRAM ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP.

SCHOLARSHIP AMOUNTS AWARDED

- 2 x \$1,000 FOR SUMMER STUDY
- 2 x \$2,000 FOR FALL STUDY
- 2 x \$2,000 FOR WINTER/SPRING STUDY

THE FOLLOWING ITEMS MUST BE SUBMITTED OR YOUR SCHOLARSHIP APPLICATION WILL NOT BE CONSIDERED:

- SCHOLARSHIP APPLICATION** THIS FORM
- COLLEGE TRANSCRIPT(S)** ONE OFFICIAL COPY FROM EACH COLLEGE/UNIVERSITY ATTENDED. THE TRANSCRIPT SUBMITTED WITH THE ISA PROGRAM APPLICATION WILL SUFFICE ONLY IF IT IS AN OFFICIAL TRANSCRIPT.
- ESSAY** MUST ANSWER THE FOLLOWING: *HOW DO YOU SEE YOURSELF CONTRIBUTING TO THE CULTURAL DIVERSITY OF YOUR STUDY ABROAD GROUP OVERSEAS, AND HOW DO YOU PLAN TO CONTRIBUTE TO EFFORTS ON YOUR CAMPUS TO INCREASE THE PARTICIPATION OF DIVERSE STUDENTS IN STUDY ABROAD PROGRAMS? PLEASE KEEP UNDER 400 WORDS.*
- RESUME** THE LAST SECTION(S) OF YOUR RESUME MUST DESCRIBE YOUR EXTRACURRICULAR ACTIVITIES AND/OR WORK EXPERIENCE, AND ANY WORK WITH STUDY ABROAD PROGRAMS OR MULTICULTURAL STUDENT ORGANIZATIONS ON CAMPUS.
- LETTER OF RECOMMENDATION** MUST BE WRITTEN BY AN ACADEMIC REFERENCE (PROFESSOR, ADVISOR, ETC.) ON THE ISA LETTER OF RECOMMENDATION FORM. (SEE ISA WEBSITE).
- SUPPORTING FINANCIAL AID DOCUMENTS** IF YOU RECEIVE FINANCIAL AID, YOU MUST INCLUDE YOUR STUDENT AID REPORT (SAR) & AWARD LETTER/FORM.

APPLICATIONS MUST BE POSTMARKED BY:

SUMMER: FEBRUARY 28TH
FALL/YEAR: APRIL 30TH
WINTER: OCTOBER 30TH
SPRING: OCTOBER 30TH

SEND COMPLETED SCHOLARSHIP APPLICATION PACKAGE TO:

INTERNATIONAL STUDIES ABROAD
1112 WEST BEN WHITE BLVD.
AUSTIN, TX 78704
ATTN: ADMISSIONS

(PLEASE SEE REVERSE)

ACADEMIC AND FINANCIAL AID INFORMATION

U.S. COLLEGE / UNIVERSITY

MY U.S. COLLEGE / UNIVERSITY IS A:

- PUBLIC INSTITUTION PRIVATE INSTITUTION

THE TUITION I CURRENTLY PAY IS CONSIDERED:

- IN-STATE OUT-OF-STATE

CURRENT TUITION AMOUNT \$ _____

WILL YOUR U.S. COLLEGE/UNIVERSITY PROCESS YOUR FINANCIAL AID FOR STUDY ABROAD? YES NO

WHAT STUDY ABROAD FEE (IF ANY) DOES YOUR U.S. COLLEGE/UNIVERSITY CHARGE? \$ _____

STATUS AT TIME OF PROGRAM PARTICIPATION:

- FRESHMAN SOPHOMORE
 JUNIOR SENIOR
 OTHER: _____

MAJOR / MINOR

MAJOR GPA (IF APPLICABLE)

CUMULATIVE GPA

COLLEGE-LEVEL LANGUAGE COURSES*
(PLEASE INCLUDE DESCRIPTION AND GRADE)

*IF YOU TESTED OUT OF ANY FOREIGN LANGUAGE AT YOUR COLLEGE/UNIVERSITY, PLEASE EXPLAIN BELOW:

PLEASE LIST THE AMOUNT(S) YOU WERE AWARDED FOR THE SEMESTER/QUARTER YOU MOST RECENTLY COMPLETED AT YOUR U.S. COLLEGE/UNIVERSITY.

LOANS **AMOUNT**

SCHOLARSHIPS / GRANTS **AMOUNT**

OTHER **AMOUNT**

TOTAL ANTICIPATED [FOR TERM(S) ABROAD]:

LOAN AMOUNT	\$ _____
SCHOLARSHIP/GRANT AMOUNT	\$ _____
FAMILY CONTRIBUTION	\$ _____
PERSONAL CONTRIBUTION	\$ _____
UNMET FINANCIAL NEED	\$ _____

PLEASE DESCRIBE ANY SPECIAL FINANCIAL CIRCUMSTANCES. THESE MAY INCLUDE: CHANGES IN FINANCIAL STATUS, ADDITIONAL FAMILY EXPENSES, LOSS OF JOB, FAMILY ILLNESS OR DEATH, OR LOSS OF AID OR SCHOLARSHIP WHILE STUDYING ABROAD.

