

**Part I. Application/Student Information**

Family Name:		Middle Name:	First Name:
Local Address:			
KID:	Date of Birth:	Cell Phone #:	
Phone #:	Email Address:	TAMUK GPA:	
Number of Hours Completed at TAMUK		Major/Department:	
Expected Graduation Date:		Level: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GR	
Number of Credit hours to be earned	Program location and dates:		
When do you plan to study abroad? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Intersession Year			
What type of program will you be participating in? <input type="checkbox"/> Faculty-Led <input type="checkbox"/> Individual Study Abroad			

**Part II. Study Abroad Information**

Country of Study:	Program: <input type="checkbox"/> Faculty-Led <input type="checkbox"/> Individual				
Course(s):					
Host University:	Program Cost:				
Checklist			Yes	No	N/A
1. Cumulative TAMUK GPA: Undergraduate 2.5 or higher/Graduate 3.0 or higher			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An enrolled student at TAMUK currently			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An enrolled student at TAMUK during traveling			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current Transcript (Print through Blue & Gold)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A recipient of the Study Abroad Scholarship in prior years			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have a current scholarship/tuition waiver			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you currently have an outstanding balance to TAMUK of \$300.00 or more?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 250 word essay stating financial need, organizational membership, background information, leadership activities and future goals and indicate country of interest			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III. Agreement and Signature**

Agreement: I acknowledge that all the information on this application form is true and correct. I understand the information provided on will be reviewed by the Study Abroad Scholarship committee. Failure to answer questions or provide required documentation/information will result in automatic disqualification. Proof of financials may be required.

I, (name of student/applicant) \_\_\_\_\_ certify that the information provided is true and correct to the best of my knowledge. Failure to do so will disqualify me.

Signature:	Date:
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**Part IV. Financial Information**

To be completed by Financial Aid Office:

: This student is has applied for financial aid for 2019-2020 and EFC is \_\_\_\_\_.

: This student did not apply for financial aid for this academic year.

Name of Financial Aid Official	Signature	Date
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**Part IV. References**

Name of Reference I:							
Title/Position of Reference I:				Department:			
Reference phone number:				Reference Email address:			
<p>Following questions must be completed by reference:</p> <ol style="list-style-type: none"> <li>1. How long and in what capacity have you know the student/applicant?</li>   <li>2. Please indicate the student's ability and professional competence in comparison with other individuals who you have known at similar stages in their careers.</li>   <li>3. What do you consider the student's strengths and weaknesses?</li> </ol>							
<b>4. Please complete evaluation below</b>							
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
1	General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Motivation seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ability to express thoughts in speech & writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional stability & maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Ability to make sound judgments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Potential for growth in field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Final Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Additional Comments:						
1. Exceptional; 2. Outstanding; 3. Very Good; 4. Above Average; 5. Average; 6. Below Average, 7. Inadequate opportunity to observe							
Reference Signature:						Date:	

Name of Reference II:								
Title/Position of Reference II:				Department:				
Reference phone number:				Reference Email address:				
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3	Motivation seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ability to express thoughts in speech & writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional stability & maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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