



SIXTH COLLEGE STUDY ABROAD SCHOLARSHIP APPLICATION



Personal Information

NAME (Last, first)
PID
UCSD E-MAIL ADDRESS
PHONE NUMBER

Academic Information

MAJOR(S)
MINOR(S)
OVERALL GPA
CUMULATIVE UNITS
CLASS LEVEL
GRADUATION DATE

Study Abroad Information

WHICH QUARTER(S) WILL YOU BE STUDYING ABROAD?

WHAT PROGRAM WILL YOU BE PARTICIPATING IN?

WHERE WILL YOU BE STUDYING ABROAD?

Personal Questions

WHY DID YOU CHOOSE YOUR STUDY ABROAD PROGRAM? (200 words maximum)

HOW DOES THIS PROGRAM INFORM AND ENHANCE YOUR EDUCATIONAL GOALS? (200 words maximum)

WHAT DO YOU HOPE TO GAIN PERSONALLY AND PROFESSIONALLY BY STUDYING ABROAD? (200 words maximum)

Waiver to Release Academic Record

NAME (Last, first)
PID
I AUTHORIZE THE SIXTH COLLEGE STUDY ABROAD SCHOLARSHIP COMMITTEE TO REVIEW MY ACADEMIC RECORDS, INCLUDING MY CURRENT TRANSCRIPT.
Signature _____ Date _____

Waiver to Release Financial Aid Information

NAME (Last, first)
PID
I AUTHORIZE THE FINANCIAL AID OFFICE TO PROVIDE INFORMATION ABOUT MY FINANCIAL AID APPLICATION AND AWARD PACKAGE TO THE SIXTH COLLEGE STUDY ABROAD SCHOLARSHIP COMMITTEE.
Signature _____ Date _____

Statement of Intent

NAME (Last, first)
PID
IF I RECEIVE A SCHOLARSHIP AWARD AND FOR ANY REASON I DO NOT ATTEND THE STUDY ABROAD PROGRAM FOR WHICH IT WAS AWARDED, I WILL IMMEDIATELY RETURN THE SCHOLARSHIP FUNDS.
Signature _____ Date _____