

STUDY ABROAD SCHOLARSHIP APPLICATION

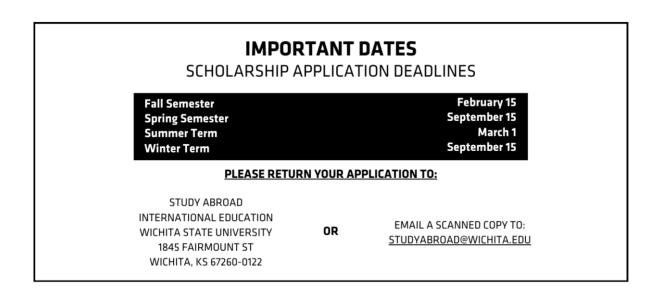
Financial Aid for study abroad is sometimes available through individual academic departments at Wichita State. The Office of International Education administers all other study abroad scholarships which are made possible through the funding sources listed on our website. All of the scholarships administered through the Office of International Education require the same application, and applicants do not need to designate a particular scholarship in their application. Applicants will automatically be considered for any funds in which they meet the eligibility requirements (please see eligibility requirements on our website).

Applicants must agree to the conditions listed on the Scholarship Acceptance Form to receive a scholarship. Specific conditions on the Scholarship Acceptance Form can be found on our website.

Study Abroad Scholarship website: www.wichita.edu/studyabroadscholarships

Instructions to Apply:

- 1. Complete the attached application form either by typing or printing very clearly.
- 2. Submit a 1-page essay answering the following 3 questions. Your 1-page essay should be composed in paragraph format, not as numbered responses to the questions in the application.
 - 1. How will your chosen study abroad program benefit you in your future academic and professional goals?
 - a. Please include basic information (location and courses) and describe your individual reasons for studying abroad within this answer.
 - 2. How will you be a good representative of WSU during your study abroad program?
 - 3. How will you promote and help increase awareness of WSU study abroad programs among your peers and our WSU campus community when you return from your study abroad program?





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APPLICANT INFORM	IATION		
DESIRED SEMESTER OF STUDY:	O SPRING SEMESTER, 20		FALL SEMESTER, 20
	O SUMMER TERM, 20	0	WINTER TERM, 20
MYWSU ID:			GENDER:
COUNTRY OF CITIZENSHIP:			STATE OF RESIDENCY:
	ST NAME	FIRST NAME	MIDDLE NAME (IF ANY)
			,
	077		
			ZIP CODE:
			ALTERNATE E-MAIL:
MAJOR(S):		MINOR(S):	
EXPECTED GRADUATION DATE	(MM/YYYY):		CURRENT OVERALL GPA:
NAME OF STUDY ABROAD PROGR	RAM/UNIVERSITY:		
COUNTRY:		NUMBER	R OF CREDIT HOURS ENROLLED (FOR STUDY ABROAD PROGRAM):
DATES OF PROGRAM (MM/YYYY): FROM: TO:			ESTIMATED COST OF PROGRAM:
			(INCLUDING TUITION, LIVING EXPENSES AND AIRFARE)
DATES VISITED OR ATTENDED	O (MM/YYYY): FROM:	_ TO:	CITY AND COUNTRY:
NAIVIE OF U.S. INSTITUTION	TROWN WHICH PROGRAM WAS THROUGH.		
DATES VISITED OR ATTENDED) (MM/YYYY): FROM:	_ TO:	CITY AND COUNTRY:
NAME OF U.S. INSTITUTION	FROM WHICH PROGRAM WAS THROUGH: _		
FINANCIAL AID INFO	DRMATION		
		F YES, PLEASE LIST	SOURCES (INCLUDING SCHOLARSHIPS) AND AMOUNTS IF KNOWN:
APPLICANT SIGNATI	JRE		
IMPORTANT: I UNDERSTAND AF INFORMATION IS TRUE AND CO		S STATED IN THE A	BOVE APPLICATION INSTRUCTIONS. IN ADDITION, I VERIFY THAT THE ABOVE
	APPLICANT'S SIGNATURE		DATE (MM/DD/YYYY)