

University of Florida

2015-2016 College of Education

Study Abroad Scholarship Application

Please e-mail this completed form to scholarships@coe.ufl.edu by 4:00 p.m. on February 27, 2015. This application is for the opportunity to be awarded one of two \$1,500 scholarships available to support College of Education students participating in a study abroad program. This application may not be used to apply for a graduate fellowship or assistantship; for either, contact your department.

Name (Last, First, MI)

UF ID Number

Local Address

Permanent Address

E-mail Address

Local Phone

Permanent Phone

Degree seeking in Summer 2015
(BAE, MAE, MED, EDS, EDD, PHD)

Anticipated Date of Graduation

Program/Major in Summer 2015

Specializations (if any)

Name of Study Abroad Program #1

Program Location

Time Period

Name of Study Abroad Program #2

Program Location

Time Period

Study Abroad Program Questions	YES	NO
A.) Is the study abroad program you intend to attend affiliated through UF?	<input type="checkbox"/>	<input type="checkbox"/>
B.) Have you previously participated in a study abroad experience?	<input type="checkbox"/>	<input type="checkbox"/>
C.) Have you already received notification that you were selected for the indicated program above?	<input type="checkbox"/>	<input type="checkbox"/>

Scholarship Application Instructions

You must submit this completed form and all of the supplemental information by 4:00 p.m. on February 27, 2015 in order to be considered for the College of Education Study Abroad Scholarships.

1. **COE Scholarship Application** submission must be digitally sign by selecting the signature field and e-mail to scholarships@coe.ufl.edu.
2. **A 500 – 750 word essay** (typed, double-spaced) in response to the following: *Explain the impact that participating in a study abroad experience will have on your development as an educator. What impact would the scholarship mean to your ability to explore diversity during, and possibly after, your study abroad experience?*

In signing this application, I certify that all of the information in this application is a complete and accurate statement of the facts. I authorize you to investigate and verify all of the information that I have provided in this application. I understand that false information is grounds for judicial action. I agree to notify you promptly of any change in my status.

Signature: _____ Date: _____