

# University of Florida

## 2018-2019 College of Education

### Study Abroad Scholarship Application

Please e-mail this completed form to [scholarships@coe.ufl.edu](mailto:scholarships@coe.ufl.edu) by 4:00 p.m. on February 2, 2018. This application is for the opportunity to be awarded one of five \$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.

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Name (Last, First, MI) UF ID Number

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Local Address

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Permanent Address

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E-mail Address Local Phone Permanent Phone

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Degree seeking in Summer 2017 Anticipated Date of Graduation  
(BAE, MAE, MED, EDS, EDD, PHD)

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Program/Major in Summer 2018 Specializations (if any)

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Name of Study Abroad Program #1 Program Location Time Period

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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?		
B.) Have you previously participated in a study abroad experience?		
C.) Have you already received notification that you were selected for the indicated program above?		

#### **Scholarship Application Instructions**

You must submit this completed form and all of the supplemental information by 4:00 p.m. on February 2, 2018 in order to be considered for the College of Education Study Abroad Scholarships.

1. **COE Scholarship Application** submission must be digitally signed by selecting the signature field and e-mail to [scholarships@coe.ufl.edu](mailto: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: \_\_\_\_\_