## University of Florida 2025 College of Education Study Abroad Scholarship Application

Please e-mail this completed form to <u>scholarships@coe.ufl.edu</u> by 4:00 p.m. on January 27, 2025. This application is for the opportunity to be awarded one of six \$1,000 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.

ame (Last, First, MI) UF			ID Number		
Local Address					
Permanent Address					
E-mail Address	Local Phone	Permanent Phone			
Degree seeking in Summer 2025 (BA, BAE, MAE, MED, EDS, EDD, PHD)		Anticipated Date of Graduation			
rogram/Major in Summer 2025		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?				
B.) Have you previously participated in a stu	udy abroad experience?				
C.) Have you already received notification the	hat you were selected for the indica	ited program above?			

## Scholarship Application Instructions

You must submit this completed form and all of the supplemental information by 4:00 p.m. on January 27, 2025 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 <u>scholarships@coe.ufl.edu</u>.
- 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:
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