



Study Abroad Ambassador Scholarship Application Form

Please type or neatly print in ink

Name _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Major(s): _____

Minor(s): _____ Banner ID # _____

Intended Study Abroad Program

Destination: _____
City *Country*

Host University: _____

Program Provider (if any): _____

Semester Start Date: _____ End Date: _____

Status of Study Abroad Application

Have you already been officially accepted? _____ YES _____ NO

If yes, please attach a copy of your official letter of acceptance.

If no, on what date did you submit your application? _____

If no, what is the status of your application? _____

References

Please list the names of 2 SIUE faculty from whom you have requested a letter of recommendation in support of your application for this award. Recommendation letters should be sent directly to: Office of International Programs, SIUE Box 1159, Edwardsville, IL 62026 (0300 Student Success Center)

1. _____

2. _____

Additional requirements: Statement of Financial Need essay (1 page maximum) and Statement of Purpose essay: Description of how you selected your study abroad program/university and how you anticipate the experience will impact your education and/or your future career (essay of 2 pages maximum).