



Illinois Consortium for International Studies and Programs
Study Abroad Scholarship
Application Form

Please type or print legibly.

Year: 20_____

Name: _____
Last First Middle/Maiden

Address: _____
Street or PO Box City State Zip

Phone: home ()-_____ mobile ()-_____

Major Field of Study: _____ Email address: _____

What college are you currently attending? _____

List the study abroad program in which you plan to participate, semester and year, and its approximate cost:

Please attach a typed, double-spaced essay of no more than 750 words and discuss the following:

- 1) The ICISP study abroad program you wish to attend. Your rationale for choosing this program as well as the particular courses you selected.
- 2) How do you expect to benefit personally from this experience? What is your plan for sharing the experience with others upon your return?
- 3) Why are you seeking financial assistance to study abroad? Please discuss any relevant financial issues in order to help the selection committee understand your need for assistance.

Please submit a transcript with this application.

Eligible Candidates will:

Be currently enrolled at an ICISP institution and eligible for an ICISP Consortial or ICISP Sponsored Program.
Have a minimum GPA of 2.75 on a 4.0 scale.
Submit an essay as describe above.

I authorize the ICISP Scholarship Selection Committee to confidentially review my academic transcripts and all other information submitted to ICISP as part of my Study Abroad application. If I am selected as a scholarship recipient, I allow the use of my name and biographical information for publication and award announcements.

Signature of Applicant

Date

To be completed by the ICISP institutional representative:

I verify that the applicant named above has completed the ICISP study abroad application and is eligible for the ICISP program to which he/she has applied.

Signature of ICISP Representative

Date

Application must be received by November 1, 2009.

Please send all applications to:

ICISP Coordinator
Heartland Community College
1500 West Raab Road
Normal, IL 61761-9446
Phone: 309-268-8664