

Graduate Student Application for Education Abroad Scholarship Macerata, Italy

Higher Education Administration Program | St. Cloud State University

Application Deadline: FEBRUARY 1st

Name _____
First Middle (if applicable) Last/Family SCSU Tech ID Number

Address _____
Street Address Apt. # City State/Province Country ZIP/Postal Code

Home Telephone (_____) _____ Cell Telephone (_____) _____

Email _____

____ Citizen of the United States _____ Resident Alien of the United States
Resident of which state _____ Resident of which country _____

Graduate degree sought: Degree _____ Program _____
Specific track (if applicable) _____

Previous Education/Study Abroad Experience _____

Country Visited	Semester/Year	College/University Hosting Trip
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPORTING INFORMATION

Please list professional organizations in which you are a member:

Name of Organization	Year(s) as member	Special Recognition/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list college/university activities, community organizations, and any volunteer organizations in which you have participated or to which you currently belong. Please attach a separate sheet or your resume if additional space is needed/preferred.

Name of Organization	Year(s) of Participation	Special Recognition/Offices Held

Please list current employment and/or Graduate Assistant position:

Employer	Job Title	Years Employed	Special Recognitions

PERSONAL ESSAY

Your completed application must include a personal essay that describes why you believe you should be considered for this scholarship. **YOUR ESSAY SHOULD BE OF NO LONGER THAN 2 DOUBLE-SPACED PAGES.**

Please address the following in your essay:

- Why you enrolled in the Higher Education Administration Program and/or Graduate Studies.
- Your professional goals and aspirations related to education abroad, including why you are interested in this specific opportunity in Italy.
- How this experience will help you contribute to your community, college/university, and your academic studies.
- Financial need or any special circumstances that would be useful in reviewing your scholarship application.
- How this scholarship will help you reach your professional, academic, and personal goals.

CERTIFICATION

The information contained in this scholarship application form and all accompanying materials are true to the best of my knowledge. I give SCSU and the Higher Education Administration program permission to publicize any award I receive.

Signature of Applicant: _____

Date: _____

Submit hard copies of all application materials to:

Prof. Christine M. Imbra
 B121 Education Building
 720 Fourth Avenue, South
 St. Cloud State University
 St. Cloud, MN 56301-4498

TIMELINES: **February 1st:** Scholarship applications due - this is date of receipt NOT date of postmark.
 March 1st: Applicants notified of scholarship decision.