



# Founders' Study Abroad Scholarship Application

(in honor of Art Adams, JoAnn McCarthy and Dick Wood)

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street or PO Box City State Zip

Phone: home ( )- \_\_\_\_\_ cell ( )- \_\_\_\_\_

Major field of study: \_\_\_\_\_ Email address: \_\_\_\_\_

What college are you currently attending? \_\_\_\_\_

I have applied to the ICISP \_\_\_\_\_ study abroad program for the:  
Study Abroad Location

(check one) Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_\_ semester.

I request to be considered for an ICISP scholarship that will be applied to my total program costs. I affirm that I meet all of the eligibility requirements including:

- I am currently enrolled at an ICISP institution and eligible for/accepted to an ICISP Consortial or ICISP Sponsored Program.
- I have a minimum GPA of 2.75 on a 4.0 scale. (For verification, a college transcript must accompany the application. **Do not send transcripts separately to the ICISP office.**)
- I have included a typed, double-spaced essay of no more than 750 words that discusses all of the following:
  - 1) In what specific ways will the ICISP program you chose benefit you in your current studies, major, and career?
  - 2) In what ways will you benefit personally from this study abroad experience?
  - 3) What specific things will you do to promote study abroad at your college and in your community?
  - 4) Discuss any relevant issues, financial or otherwise, that may help the selection committee understand your need for assistance.

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

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

**Applicant: Return this completed and signed application, essay, and transcripts to your ICISP representative. Be sure to submit everything to your ICISP representative with sufficient time to meet the application deadline. Incomplete and/or late applications will not be considered for an award.**

**ICISP Representative: Sign, scan and forward the complete packet of application materials by e-mail to the ICISP Program Assistant at Heartland Community College at [karen.huber@heartland.edu](mailto:karen.huber@heartland.edu) by no later than the following deadlines:**

- Fall study abroad - May 15<sup>th</sup>
- Spring study abroad – October 15<sup>th</sup>
- Summer study abroad – February 15<sup>th</sup>