

Founders' Study Abroad Scholarship Application

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

Name: _____
Last First Middle

Address: _____
Street or PO Box City State Zip

Email: _____ College currently attending: _____

Degree/Certificate Pursuing: _____ Intended major: _____

ICISP study abroad destination: _____

Check one: Fall Spring Summer 20____

Indicate all of the following that apply to you or leave it blank if none apply:

- I receive Federal PELL or other state grant
- I am a member of a historically marginalized group(s)
- I have a disability documented with my home institution
- I have a disability not documented with my home institution
- I am a First Generation College Student (neither parents have completed a bachelor's degree)
- I am a Veteran
- I have never traveled abroad
- I have never studied abroad
- I moved to the U.S. under the age of 12

To be considered for the ICISP Founders' Study Abroad Scholarship, please answer the following questions. Attach page at the end with answers:

1. What are your professional /academic/personal goals, and how will this program help you to achieve it/them? How will this experience benefit you in your academic studies, major, career and/or personal life?
2. How prepared do you feel for this experience abroad? What previous experiences have helped you to prepare for this?
3. What are some of the challenges (such as finances, disabilities, personality traits, lack of support, responsibilities at home, etc) that you foresee encountering and having to overcome to be successful in this experience?

If awarded a scholarship, I agree to complete the following activities:

- Submission of the ICISP program evaluation.
- Participation in a video or/and audio recorded interview by ICISP after my experience.
- Check-in while abroad (once for summer recipients, twice for semester recipients), providing material about my life abroad, to be shared with the ICISP community.

I authorize the ICISP Scholarship Selection Committee to confidentially review my scholarship application, essay, and transcript. If I am awarded a scholarship, I agree to allow the use of my name, biographical information, and post-program activities for publication and on the ICISP web site and social media.

Signature of Applicant: _____ Date: _____

Applicants: Return this completed and signed application, essay, and transcript to your ICISP representative, with sufficient time to meet the application deadline. Incomplete and/or late applications will not be considered.

Signature of ICISP Representative: _____ Date: _____

ICISP Representative: Sign, scan and email the completed application, essay, and transcript to ICISP Program Coordinator Karen Huber (karen.huber@heartland.edu) no later than the following deadlines:

Fall study abroad (May 15) Spring study abroad (October 15) Summer study abroad (February 15)

The Illinois Consortium for International Studies and Programs (ICISP) recognizes that systemic racism is pervasive within our society and actively commits to advancing anti-racist practices by creating an environment that is inclusive to all, celebrates and honors diversity, and promotes individual growth and social responsibility for success in a global world. ICISP strives to eliminate structural racism and inequities within the organization, education abroad, global professional development programming, and campus internationalization efforts.