

OVERSEAS TRAVEL AWARD APPLICATION

OFFICE OF INTERNATIONAL PROGRAMS

Skidmore College

815 North Broadway, Starbuck 202

Saratoga Springs, NY 12866

Tel: (518) 580-5355

Fax: (518) 580-5359

E-mail: oip@skidmore.edu

APPLICATION DEADLINE:

FALL 2007: April 2, 2007

NOTE: Incomplete applications will NOT be considered. PLEASE TYPE OR PRINT ALL INFORMATION.

APPLICANT BACKGROUND

I. PERSONAL INFORMATION

Name: _____
First Last

E-mail: _____

Campus Address:

City State Zip

Campus Phone: _____

Campus address/phone valid until (date): _____

Cell Phone: _____

Permanent Address:

City State Zip

Home Phone: _____

Skidmore Academics:

Major: _____

Minor: _____

Expected Graduation date Month/Year: _____

College ID#: _____ GPA: _____

II. PROGRAM INFORMATION

Study Abroad Program*: _____

City & Country Location: _____

Program Provider: _____

Term of Participation:

Academic Year (20____ – 20____)

Fall (20____)

Spring (20____)

* *Students applying for the Overseas Travel Award must have chosen a single program for participation before applying. The OIP understands that some students may have not yet been accepted to their program(s) of choice, however students with outstanding applications to more than one program abroad can not be considered for this award.*

III. APPLICATION CHECKLIST

Completed *Overseas Travel Award Application* form

Completed *Overseas Travel Award Need Worksheet*

Academic Transcript (unofficial is acceptable)

Essay

Faculty Recommendation

IV. MAILING INSTRUCTIONS

Please indicate below the address to which award payment should be sent, if an award is granted.

City State Zip

Please note that students are eligible to receive only one Overseas Travel Award during their career at Skidmore.

OVERSEAS TRAVEL AWARD APPLICATION

OFFICE OF INTERNATIONAL PROGRAMS
Skidmore College
815 North Broadway, Starbuck 202
Saratoga Springs, NY 12866
Tel: (518) 580-5355
Fax: (518) 580-5359
E-mail: oip@skidmore.edu

APPLICATION DEADLINE:

FALL 2007: April 2, 2007

PROGRAM ACADEMICS

Please list below the courses in which you expect to enroll on your program abroad, and check the appropriate box according to how each course will be considered at Skidmore.

COURSE TITLE

_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
_____	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective

ESSAY QUESTIONS

On a separate sheet of paper, please answer the questions below. Limit your response to two sheets of paper.

1. Explain your academic reasons for choosing the program on which you will participate and why you want to participate at this point in your academic career. How do you plan to incorporate the experience and knowledge you will gain while abroad into your studies at Skidmore College?

REQUIRED SIGNATURE

To be completed by the Applicant:

By signing your name below, you authorize the Office of International Programs (OIP) and the Skidmore College Advisory Committee on International Studies (ACIS) to have access to information regarding your academic, social, and financial standing at Skidmore College.

I, _____, have read and understand the above statement.
(please print name)

Signature

Date

OVERSEAS TRAVEL AWARD APPLICATION

OFFICE OF INTERNATIONAL PROGRAMS

Skidmore College

815 North Broadway, Starbuck 202

Saratoga Springs, NY 12866

Tel: (518) 580-5355

Fax: (518) 580-5359

E-mail: oip@skidmore.edu

APPLICATION DEADLINE:

FALL 2007: April 2, 2007

ACADEMIC RECOMMENDATION FORM

I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Phone: _____ E-mail: _____

Term Abroad: _____ Program: _____

Evaluator's Name: _____

Course(s) taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY MEMBER

For how long have you known the applicant? _____

In what capacity? _____

In which course(s) have you taught this student? _____

Please use a separate sheet of paper for the following:

How do you feel this specific study abroad program will support this student's academic goals?

Why do you feel that this student is a good candidate for study abroad at this point in his/her academic career?

Name of Evaluator (please print): _____

Title: _____ Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

~ Please return to the Office of International Programs by April 2, 2007. ~