## 

**Honors College Study Abroad Scholarship Application**

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| Student Information | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Date: |  | | | |
| Full Name: | |  | | | | | | | |  | | | | | |  | | | | |
| Last | | | | | | | | | First | | | | | | | Middle | | | | |
| Permanent Address: | | | | |  | | | | | | | | | | |  | | | | |
| Street Address | | | | | | | | | | | | | | | | Telephone # (include Area Code) | | | | |
|  | | | | |  | | | | | | | | | | |  | |  | | |
| City | | | | | | | | | | | | | | | | State | | ZIP Code | | |
| Student ID#: | | |  | | | | E-mail: |  | | | | | | | Are you a transfer student? | | | | |  |
| Major(s): |  | | | | | | | | | | | Minor(s): |  | | | | | | | |
| Cumulative GPA: | | | |  | | 1st semester at JMU: | | | | |  | | | Expected grad semester: | | | | |  | |
| Application Questions | | | | | | | | | | | | | | | | | | | | |
| *Which study abroad program or experience are you applying for? Please indicate location and dates.* | | | | | | | | | | | | | | | | | | | | |
| *Discuss your interest in studying abroad. Please make reference to the specific program for which you are applying.* | | | | | | | | | | | | | | | | | | | | |
| *Have you travelled internationally before? If yes, please list all instances, including location, dates, and purpose.* | | | | | | | | | | | | | | | | | | | | |
| *Describe your experiences in the Honors College.* | | | | | | | | | | | | | | | | | | | | |
| *Indicate the amount you are requesting ($500, $1000, $2000). Please keep in mind that funds are limited; larger awards may impact the availability of funds for other students.* | | | | | | | | | | | | | | | | | | | | |
| *Please discuss any factors that would affect your ability to study abroad that the scholarship committee should take into consideration.* | | | | | | | | | | | | | | | | | | | | |
| Return the application to [honorscollegescholarships@jmu.edu](mailto:honorscollegescholarships@jmu.edu). | | | | | | | | | | | | | | | | | | | | |
| Revised 09/2019 jld | | | | | | | | | | | | | | | | | | | | |

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| Honors College Fiscal Administrator ONLY | | | | | |
| Date Request Rec’d: |  | Semester: | |  | |
| Approval (YES or NO) and amount: |  | Reason: | |  | |
|  |  | | | | |
| Payment process method (Scholarship, Budget Office, Departmental Scholarship, etc.) |  | | Payment Process Date: | |  |
| Honors College  Approval signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bradley R. Newcomer, Dean Honors College | | | | |
| Details/Notes: |  | | | | |