

2010-2011 Study Abroad Scholarship Application

Macon State College Foundation annually awards scholarships to students who qualify for participation in a University System of Georgia Study Abroad Program. Two reference forms are required for each applicant.

**APPLICATION DEADLINE:
Friday, December 3, 2010**

All scholarship applications and reference forms should be submitted to:

**Office of Development and Alumni Affairs
Macon State College, Suite A-217
100 College Station Drive
Macon, GA 31206-5145**

Phone: (478) 471-2732 • Fax: (478) 471-2846 • Email: development@maconstate.edu

**Study Abroad Scholarship Applications and Reference Forms are available online at:
<http://www.maconstate.edu/foundation/scholarships/scholarships.aspx>**

2010-2011 Study Abroad Scholarship Application

A. General Information

Name: _____ MSC ID: _____
Last First Middle

Address: _____ Phone: _____
Area Code Number

City: _____ State: _____ Zip: _____ County: _____

MSC Email: _____ Date of Birth: _____

Macon State College Major in BANNER _____

Circle all that apply:

Male Female Full-time Part-time (less than 12 hours) GA Resident US Citizen Out of State International

B. Academics and Extracurricular Activities

Academic Awards: _____

Club Memberships and Offices Held: _____

C. Statement of Goals:

Write a paragraph describing your academic and career goals and how participation in Study Abroad will enhance your program of study and support your goals.

D. Statement of Need:

Write a paragraph describing how a scholarship from Macon State College will help you achieve your goals and why you think that you should be awarded a scholarship.

Have you applied for financial aid at Macon State College? Yes No

Do you currently receive financial aid (including the HOPE Scholarship)? Yes No

Are you currently employed by Macon State College? Yes No

I understand that submission of my signed application allows members of the Macon State College Foundation Study Abroad Scholarship Committee to review my application as well as my academic credentials and other records on file at Macon State College. With my signature below, I certify that the information provided in this application is true to the best of my knowledge. I grant permission to the Macon State College Foundation and/or Macon State College to use information in the application for public relation/marketing purposes and to use my image for display, inclusion in publications, transmission or otherwise in materials that include, but may not be limited to, printed materials such as brochures, newsletters, advertisements and digital images such as those on the Macon State College website.

Signature: _____ Date: _____

2010-2011 Study Abroad Reference Form

Two reference forms are required from each applicant. References must be from educational professionals who are not members of the applicant's family. Applicants are responsible for ensuring that completed reference forms are returned by the deadline.

Indicate your knowledge of the applicant by checking the appropriate box. If you do not know about a particular characteristic of the applicant, check the "Unknown" box. Please return the completed reference form to the address indicated below.

Name of Applicant: _____

How long have you known the applicant? _____ In what capacity? _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown
The applicant is motivated to learn.					
The applicant asks questions to better understand difficult concepts.					
The applicant contributes to classroom discussion.					
The applicant sets and achieves goals.					
The applicant is motivated to successfully complete tasks.					
The applicant shows interest in completing difficult tasks.					
The applicant works well with others.					
The applicant is involved in extracurricular activities.					
The applicant shows leadership in extracurricular activities.					
The applicant has very good oral communication skills.					
The applicant has very good written communication skills.					

COMMENTS: (You may attach an additional sheet if needed.) _____

Name: _____ Position/Title: _____
Last First Middle

School or College: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

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