



## UNIVERSITY OF ST. THOMAS

Simon Cottrell International Studies  
Study Abroad Scholarship

# Scholarship Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Classification: \_\_\_\_\_ UST ID# \_\_\_\_\_ UST-GPA \_\_\_\_\_

1. Which study abroad program are you apply to (Summer/Semester) \_\_\_\_\_
2. On a separate sheet of paper, briefly (500 words or less) describe what you hope to *gain* from this study abroad program. What do you hope to contribute?
3. The Office of Study Abroad Programs is also requesting a recommendation form be filled out by one of your professors. Please ask that he/she fill out the recommendation form and return it to Dr. Gustavo Wensjoe.
4. If you are a recipient of a UST Scholarship of 50% or greater, you are not eligible for this scholarship.

**I agree that the above information is correct and true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEADLINE: April 1, 2010**