# RECOMMENDATION FOR SCHOLARSHIP

## Study Abroad

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### Part 1. To be completed by the applicant

Name _____ SSN _____
I hereby waive my right to inspect and read this confidential recommendation.

Signed _____ Date _____
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### Part 2. To be completed by respondent

In what capacity and for how long have you known the applicant?

_____

Please rate the applicant in the following categories in relation to studies and/or work experience

| | Outstanding Top 10% | Strong Top 25% | Average 2nd Quartile | Weak 3rd or 4th Quartile |
|---|---|---|---|---|
| Motivation and initiative | | | | |
| Intellectual ability | | | | |
| Oral expression | | | | |
| Written expression | | | | |
| Working with others | | | | |
| Emotional maturity | | | | |
| Potential in field | | | | |

**DEADLINE NOVEMBER 1ST FOR WINTER PROGRAMS AND MARCH 1ST FOR SUMMER PROGRAMS**

In the space below, please provide any additional comments concerning the applicant's character, goals and any other pertinent information that may assist us in judging the applicant. Please limit your comments to the space below.

_____
_____
_____
_____
_____

☐ I strongly recommend ☐ I recommend I do not recommend

Name _____ Position _____
*(please print)*

Affiliation _____

Address _____
*street* *city* *state* *zip*

Signed _____ Date_____

Please return to Study Abroad, University of St. Thomas, 3800 Montrose Blvd., Houston, TX 77006

UNIVERSITY OF ST. THOMAS

Study Abroad

# 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 describe your *income* and other *scholarship/financial aid* you will receive that will apply to study abroad.

3. On a separate sheet of paper, briefly describe what you hope to *gain* from this study abroad program. What do you hope to contribute?

4. 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. Ulyses Balderas, Director-Study Abroad, or Diana Garcia before the deadline.

**5.** 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: NOVEMBER 1ST FOR WINTER PROGRAMS AND MARCH 1ST FOR SUMMER PROGRAMS**