



UNIVERSITY OF ST. THOMAS

Houston Jr. Chamber of Commerce- International Program-Scholarship Application

Name: _____

Address: _____

Phone: _____ **E-Mail** _____

Classification: _____ **UST ID#** _____ **UST-GPA** _____

Major: _____ **Pell Grant Eligible?** _____

The Houston Junior Chamber of Commerce Foundation Endowed Scholarship Fund for International Programs was established in 1999 to cultivate understanding of international cultures and to develop competence in international affairs.

For 2016-2017, there are two scholarships of approximately \$3,000 each.

To be eligible, a student must be:

1. Undergraduate student.
2. Major in international studies, international development, languages, international business, or bilingual education.
3. Sophomore standing and completed at least one academic semester at UST.
4. In good academic standing with a GPA of at least 3.0.

Application Process

1. On a separate sheet of paper, write a 600 - 700 word personal statement that describes why you have chosen to pursue a degree related to cross-cultural relations and/or international affairs; what your future plans are in association with your degree; and why receiving this scholarship would be important to you.

2. Submit 2 recommendation forms be filled out by two of your professors. Please ask that he/she fill out the recommendation form and return it to Diana Speaks, Office Manager- Center for International Studies, before the deadline.

3. 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: September 22 each year.

Please deliver your hard-copy application to Diana Speaks in the Center for International Studies in Tiller Hall:

By Mail:

Diana Speaks – Office Manager
Center for International Studies
University of St. Thomas
3800 Montrose Blvd.
Houston, TX 77006

Or in person:

Tiller Hall
4121 Yoakum
Houston, TX 77006

Please do not email or fax your application



UNIVERSITY OF ST. THOMAS

HOUSTON JR. CHAMBER OF COMMERCE Recommendation form

Recommendation Form

Part 1. To be completed by the applicant

Name _____ SSN _____

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

Signed _____ Date _____

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

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 _____

DEADLINE: September 22 annually

Please return to:
Diana Speaks
Center for International Studies
University of St. Thomas
3800 Montrose Blvd.
Houston, TX 77006