

St. Louis Alumnae Chapter Delta Sigma Theta Sorority, Inc.

International Awareness and Involvement Committee

STUDY ABROAD GRANT APPLICATION

Complete this application and submit it, along with all requested documents listed on the information page, to the address provided. Deadline is April 15, 2018.

STUDY ABROAD PROGRAM INFORMATION

Name of Program:

City/Country:

Semester/Year:

Program Sponsor:

Program Duration: Academic Year Semester Summer Other

List any previous international study/travel experience. Include country, purpose, year, and length of stay.

PARTICIPANT INFORMATION

Full Name:

Local Address (street/city/state/zip):

Cell Phone:

Email:

Gender: Male Female Ethnicity: _____

Date of Birth:

Academic Status: FR SO JRSR

Cumulative GPA: GPA (major): Expected Graduation Date:

PROGRAM SPONSOR

List the person in charge of the study abroad program.

Full Name:

Title:

Telephone Number:

Email:

Question #1

What is the purpose of your study abroad experience and what do you expect to gain from this experience?

Question #2

What impact do you expect to make on others with this experience and why is it important?

Use this space for your responses or attach a extra page:

The information in this application is correct, to the best of my knowledge. I understand the terms and conditions of the stipend.

Signature

Date