

**College of DuPage**  
**Study Abroad Scholarship**

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**Scholarship Awards:**

- Up to \$1500, or as recommended by the Study Abroad Scholarship Committee.
- May be used for all study abroad programs sponsored by the College of DuPage or various consortia to which the college belongs.

**Scholarship Eligibility:**

- Completed at least 12 hours of COD credit courses at time of application.
- Currently enrolled in 8 or more COD credit hours at time of application.
- COD cumulative GPA of 3.0 or greater.
- Applicants may be requested to interview with Committee members.

**Scholarship Application Requirements:**

- A completed Study Abroad Scholarship application checklist, signed waiver and application.
- A COD transcript and current class schedule. (Unofficial transcript accepted.)
- Two letters of recommendation (with attached forms.)
- Essay (one to two pages, typed and double-spaced.)
- It is the applicant's responsibility to submit a complete application packet that includes all of the above required components.

**Scholarship Submission Deadlines:**

- October 20 (for Spring programs)
- February 20 (for Summer programs)
- May 1 (for Fall programs)

***Applicants will be notified approximately three weeks after the application deadline. Recipients of Study Abroad Scholarship awards must agree to allow use of their name, photograph, and biographical information for possible publication and award announcements.***

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Deliver complete application packet to:  
**Field Studies/Study Abroad office, BIC 3520**  
**College of DuPage**  
**425 Fawell Blvd., Glen Ellyn, IL 60137-6599**  
**(630) 942-2356**



**College of DuPage**  
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**Application Checklist**

1. Completed at least 12 hours of COD credit courses at time of application. \_\_\_\_\_
2. Currently enrolled in 8 or more COD credit hours. \_\_\_\_\_
3. COD cumulative GPA of 3.0 or greater. \_\_\_\_\_
4. Completed Study Abroad Scholarship application checklist, signed waivers and application. \_\_\_\_\_
5. A COD transcript and current class schedule. (Unofficial transcript accepted.) \_\_\_\_\_
6. Two letters of recommendation (with attached forms.) \_\_\_\_\_
7. Essay (one to two pages, typed and double-spaced.) \_\_\_\_\_

**Waiver**

I authorize College of DuPage to release my grades, transcripts, and information contained in this application to the Study Abroad Scholarship Committee. All information will be kept confidential. I agree to allow use of my name, photograph, and biographical information for publication and award announcements.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Letters of Recommendation**

As part of your application for a Study Abroad Scholarship, we must receive two letters of recommendation, following these requirements:

1. One of the letters must be from a COD faculty member who has taught you for at least one term.
2. The second letter may be from a college or high school faculty member or a work, internship or community service supervisor.
3. **Each letter must be an original, written specifically for this application, signed and sealed by the evaluator. The letter should be mailed or handed to the applicant, who will turn it in with the completed application to the Study Abroad office. Emails will not be accepted.**
4. Each letter must be submitted with the required form which must include the signed privacy waiver.

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**College of DuPage**  
**Study Abroad Scholarship Application**

<b>Name:</b> _____	<b>COD credits earned to date:</b> _____
<b>Address:</b> _____	<b>Current term credit hours:</b> _____
<b>City/State/Zip:</b> _____	<b>Cumulative COD GPA as of last term:</b> _____
<b>Home phone:</b> _____	<b>Major field of study, if known:</b> _____
	<b>E-mail Address</b> _____

- **Identify the study abroad program in which you plan to participate:**

Study abroad site: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

Dates of program: \_\_\_\_\_

**Approximate costs:**

Program fees: \_\_\_\_\_

Airfare: \_\_\_\_\_

Housing (if known): \_\_\_\_\_

**Total:** \_\_\_\_\_

- **List any previous study abroad experiences for which you received college credit, and dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Write an essay, one to two pages in length, typed and double-spaced, describing the following:**

- Who are you? What are your educational goals at COD?
- Where do you want to study? Why did you choose this program? What is it about the program that appeals to you?
- How does this program fit in with your personal/academic/professional goals?
- How will you share/use this learning experience upon your return?

**College of DuPage**  
**Study Abroad Scholarship Letter of Recommendation**

**Applicant's Instructions:**

Please complete and sign the waiver below before giving it to the evaluator. Inform the evaluator of the application deadline.

**Evaluator:** Please return this form and letter of recommendation to me, or mail to me at:

Student's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**INFORMATION PRIVACY WAIVER:**

I, \_\_\_\_\_, give permission to \_\_\_\_\_ to  
Applicant's Name Evaluator's Name

write a letter of recommendation, including information about my grades, GPA, attendance, and other information related to my academic record for the purpose of supporting my application for a study abroad scholarship.

I waive my right to review a copy of this letter at any time in the future.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Evaluator's Instructions:**

Please describe your relationship to the applicant, how long you have known the applicant and in what capacity. Comment on the applicant's academic performance, independence, emotional stability, ability to relate to others, cultural sensitivity, and other information you judge to be relevant to the applicant's successful participation in a study abroad program. Feel free to use the space below or attach a copy of your letter to this form. Sign this form and return it, along with any attachments, in a sealed envelope directly to the applicant before the application deadline. E-mailed letters of recommendation will not be accepted. Thank you.

\_\_\_\_\_  
Evaluator's Name and Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature



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Applicant's Signature

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Date

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\_\_\_\_\_  
Evaluator's Name and Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature