

KENT STATE UNIVERSITY
COLLEGE OF BUSINESS ADMINISTRATION
ROBERT C. BINGHAM SCHOLARSHIP FOR STUDY ABROAD APPLICATION

DATE _____

General Information

Name _____ Banner ID _____

Local Address _____
(Street) (City) (State) (Zip)

County _____

Local Phone _____ Email Address _____

Male _____ Female _____ Indicate your current class standing: ___ FR ___ SO ___ JR ___ SR

Officially Declared Major _____ Graduation Date _____

Cumulative GPA _____ Major GPA _____ Current Hours _____

KSU Semester Hours Completed _____ Transfer Semester Hours _____

Please indicate the percentage of funding for college expenses (tuition, books, room, board, miscellaneous expenses). The total should equal 100%.

Parents _____ Loans _____ Federal Grants _____ Self _____ Scholarships _____

What university or program do you plan to attend for international study? Please **indicate the dates and country** of your international study. _____

Please indicate the total cost of the international study program that you intend to pursue by itemizing according to the following: program fee, tuition, room and board, transportation, misc. expenses

Have you participated previously in international study of any sort (Student Exchange, Geneva Program and International Business Experience)? Please list all previous educational experiences including any at the undergraduate level. _____

How will this experience fit into your academic program? (please select one)

_____ To fulfill a general requirement

_____ To fulfill a general elective

_____ As a major requirement

_____ As a major elective

_____ Other-please specify _____

Student GPA **(to be completed by Theresa Wallace)** _____

Advisor's printed name

Advisor's signature

Date

ADDITIONAL REQUIREMENTS

1. Submit a typed list of extracurricular activities, community service, leadership awards and scholarships (college only past and present). **DO NOT** use a resume for your submission.
2. Before submitting this application, you must meet with Theresa Wallace, Coordinator of College of Business International Affairs (call 330-672-1292 for walk-in advising hours or twallace@kent.edu) to determine how this study abroad experience will apply to your graduation requirements.

***An incomplete application will not be considered.**

I hereby authorize the Scholarship Committee to inspect any and all of my student files.

Signature

Date

Return All Application Materials to:

Scholarship Committee

Kent State University

College of Business Administration

Dean's Office, BSA 306

Kent, OH 44242

Applications Accepted Year Round

SUBMIT ALL materials at the same time



College of Business Administration Scholarship Reference Form

PLEASE PRINT

To be completed by Applicant:

Applicant Name: _____

To the applicant:

Under the Federal Family Educational Rights and Privacy Act of 1974 and subsequent legislation, students have the right to inspect letters of reference. It is your option to preserve or to waive your right of access to such letters. We believe, however, that references completed in confidence are especially valuable in assessing qualifications. Please mark the appropriate sentence below indicating your waiver choice, and sign your name.

- I waive my right to review the completed reference form.
- I do not waive my right to review the completed reference form.

Applicant Signature: _____ Date: _____

To be completed by Evaluator:

The student named above has applied for a scholarship or award from the College of Business Administration, Kent State University. Your evaluation of the applicant will be an important consideration in the awards process. Please complete this form supplementing it in any manner you believe appropriate, and return it as soon as possible to the applicant in a sealed envelope. Please sign across the back of the envelope.

Evaluator's Name _____ Phone Number _____

School/Department _____ Email Address _____

How long have you known this applicant? _____ In what capacity? _____

Please evaluate the applicant with regard to the following qualities:

	Rare Top 5%	Excellent Top 10%	Good Top 25%	Above Avg Top 50%	Below Avg Lower 50%	Unable to Judge
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy & Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence & Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethic and Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Added Comments that may aid in the committee evaluation (attach another page if necessary):

Evaluator Signature: _____ Date: _____