

# DR. CARLOS E. CASTAÑEDA MEMORIAL SCHOLARSHIP APPLICATION



INTERNATIONAL STUDIES ABROAD

ISA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, DISABILITY, AGE, GENDER, OR RELIGION ACCORDING TO THE EEOC GUIDELINES.

Please type or print in ink.

## PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

## PROGRAM INFORMATION

CITY

COUNTRY

TERM/SESSION

PROGRAM PRICE

PROGRAM DATES

## SCHOLARSHIP ELIGIBILITY

APPLICANT MUST:

- HAVE AT LEAST A 3.25 CUMULATIVE GPA.
- BE ENROLLED IN SECOND OR THIRD YEAR OF UNDERGRADUATE EDUCATION AT TIME OF ISA PROGRAM PARTICIPATION AT A U.S. UNIVERSITY/COLLEGE THAT IS AN ISA AFFILIATE.
- HAVE COMPLETED AT LEAST ONE YEAR OF COLLEGE LEVEL FOREIGN LANGUAGE OR THE EQUIVALENT. (COURSES MUST APPEAR ON OFFICIAL TRANSCRIPT)
- BE ACCEPTED TO AN ISA PROGRAM. PLEASE NOTE THAT STUDENTS PARTICIPATING IN AN ISA CUSTOMIZED PROGRAM ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP.
- BE ON FINANCIAL AID.
- ANY SEMESTER APPLICANT WHO MEETS THE REQUIREMENTS OF THE DR. CARLOS E. CASTAÑEDA MEMORIAL SCHOLARSHIP WILL ALSO BE CONSIDERED FOR THE MICHAELA FARNUM MEMORIAL SCHOLARSHIP. COMPLETING A SEPARATE APPLICATION IS NOT NECESSARY.

## SCHOLARSHIP AMOUNTS AWARDED

- 20 x \$750 FOR SUMMER STUDY
- 10 x \$1,000 FOR FALL STUDY
- 10 x \$1,000 FOR WINTER/SPRING STUDY
- 2 x \$2,500 FOR ACADEMIC YEAR STUDY

**THE FOLLOWING ITEMS MUST BE SUBMITTED OR YOUR SCHOLARSHIP APPLICATION WILL NOT BE CONSIDERED:**

**SCHOLARSHIP APPLICATION** THIS FORM

**COLLEGE TRANSCRIPT(S)** ONE OFFICIAL COPY FROM EACH COLLEGE/UNIVERSITY ATTENDED. THE TRANSCRIPT SUBMITTED WITH THE ISA PROGRAM APPLICATION WILL SUFFICE ONLY IF IT IS AN OFFICIAL TRANSCRIPT.

**ESSAY** MUST ANSWER THE FOLLOWING: *WHAT ARE YOUR GOALS FOR YOUR STUDY ABROAD EXPERIENCE (ACADEMIC, PERSONAL AND/OR PROFESSIONAL)? WHAT OR WHO MOTIVATED YOU TO STUDY ABROAD? DESCRIBE HOW YOU ANTICIPATE DEALING WITH AND ADJUSTING TO UNFAMILIAR SURROUNDINGS, CULTURAL DIFFERENCES, AND SEPARATION FROM FAMILY AND FRIENDS? PLEASE KEEP UNDER 400 WORDS.*

**RESUME** THE LAST SECTION(S) OF YOUR RESUME MUST DESCRIBE YOUR EXTRACURRICULAR ACTIVITIES AND/OR WORK EXPERIENCE.

**LETTER OF RECOMMENDATION** MUST BE WRITTEN BY AN ACADEMIC REFERENCE (PROFESSOR, ADVISOR, ETC.) ON THE ISA LETTER OF RECOMMENDATION FORM. (SEE ISA WEBSITE).

**SUPPORTING FINANCIAL AID DOCUMENTS** YOU MUST INCLUDE STUDENT AID REPORT (SAR) & AWARD LETTER/FORM.

**APPLICATIONS MUST BE POSTMARKED BY:**

SUMMER: FEBRUARY 28<sup>TH</sup>  
FALL/YEAR: APRIL 30<sup>TH</sup>  
WINTER: OCTOBER 30<sup>TH</sup>  
SPRING: OCTOBER 30<sup>TH</sup>

**SEND COMPLETED SCHOLARSHIP APPLICATION PACKAGE TO:**

INTERNATIONAL STUDIES ABROAD  
1640-B East 2nd Street, Suite 200  
AUSTIN, TX 78702  
ATTN: ADMISSIONS

(PLEASE SEE REVERSE)

**ACADEMIC AND FINANCIAL AID INFORMATION**

\_\_\_\_\_  
U.S. COLLEGE / UNIVERSITY

MY U.S. COLLEGE / UNIVERSITY IS A:

- PUBLIC INSTITUTION       PRIVATE INSTITUTION

THE TUITION I CURRENTLY PAY IS CONSIDERED:

- IN-STATE       OUT-OF-STATE

CURRENT TUITION AMOUNT \$ \_\_\_\_\_

WILL YOUR U.S. COLLEGE/UNIVERSITY PROCESS YOUR FINANCIAL AID FOR STUDY ABROAD?     YES     NO

WHAT STUDY ABROAD FEE (IF ANY) DOES YOUR U.S. COLLEGE/UNIVERSITY CHARGE? \$ \_\_\_\_\_

STATUS AT TIME OF PROGRAM PARTICIPATION:

- FRESHMAN       SOPHOMORE  
 JUNIOR       SENIOR  
 OTHER: \_\_\_\_\_

\_\_\_\_\_  
MAJOR / MINOR

\_\_\_\_\_  
MAJOR GPA (IF APPLICABLE)

\_\_\_\_\_  
CUMULATIVE GPA

COLLEGE-LEVEL LANGUAGE COURSES\*  
(PLEASE INCLUDE DESCRIPTION AND GRADE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*IF YOU TESTED OUT OF ANY FOREIGN LANGUAGE AT YOUR COLLEGE/UNIVERSITY, PLEASE EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THE AMOUNT(S) YOU WERE AWARDED FOR THE SEMESTER/QUARTER YOU MOST RECENTLY COMPLETED AT YOUR U.S. COLLEGE/UNIVERSITY.

**LOANS** **AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIPS / GRANTS** **AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER** **AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL ANTICIPATED [FOR TERM(S) ABROAD]:**

LOAN AMOUNT	\$ _____
SCHOLARSHIP/GRANT AMOUNT	\$ _____
FAMILY CONTRIBUTION	\$ _____
PERSONAL CONTRIBUTION	\$ _____
<b>UNMET FINANCIAL NEED</b>	<b>\$ _____</b>

PLEASE DESCRIBE ANY SPECIAL FINANCIAL CIRCUMSTANCES. THESE MAY INCLUDE: CHANGES IN FINANCIAL STATUS, ADDITIONAL FAMILY EXPENSES, LOSS OF JOB, FAMILY ILLNESS OR DEATH, OR LOSS OF AID OR SCHOLARSHIP WHILE STUDYING ABROAD.

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