



**PARKLAND COLLEGE STUDY ABROAD  
SCHOLARSHIP APPLICATION**

**Please return this form to:**

Office of International Education ♦ Room C150 Parkland College 2400 W. Bradley Ave. Champaign, IL 61822

**ELIGIBILITY CRITERIA:**

- ∞ Must be enrolled as a Parkland College Student having met all general requirements for study abroad.
- ∞ Student must be able to provide financial documentation of ability to pay.
- ∞ Applicant must demonstrate a willingness to meet with members of the Study Abroad Scholarship Committee.

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*Street Number City State Zip Code*

**HOME TELEPHONE NUMBER:** \_\_\_\_\_ **OTHER TELEPHONE NUMBER:** \_\_\_\_\_

**STUDY ABROAD PPOGRAM:** \_\_\_\_\_ **SEMESTER:** \_\_\_\_\_

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_ **YEAR OF GRADUATION:** \_\_\_\_\_

**CLASSIFICATION AT PARKLAND:** (Check one) **FRESHMAN** **SOPHOMORE** **CUMULATIVE GPA:** \_\_\_\_\_

**MAJOR FIELD OF STUDY:** \_\_\_\_\_

**HAVE YOU COMPLETED ENGLISH COMPOSITION 101?** (Check one) **YES** **NO** **GRADE:** \_\_\_\_\_

**NUMBER OF HOURS CURRENTLY PURSUING AT PARKLAND COLLEGE:** \_\_\_\_\_

**ARE YOU CURRENTLY ENROLLED IN ANY OTHER COLLEGE OR UNIVERSITY OTHER THAN PARKLAND COLLEGE?**

(Check one) **YES** **NO**

**IF YES, PLEASE LIST COURSES AND CREDIT HOURS EARNED.**

I hereby authorize the Financial Aid Office at Parkland College to release relevant information in my permanent student record and financial aid records to the individual(s) responsible for screening and/or selection of the above-named scholarship, including the scholarship donor(s). I understand that all information will be held in confidence.

\_\_\_\_\_  
*Student Signature Date*

**FOR FINANCIAL AID OFFICE USE ONLY**

\$ _____ PELL	\$ _____ Ford Direct Loan	\$ _____ Other
\$ _____ FSEOG	\$ _____ FAU's	Specify _____
\$ _____ MAP	\$ _____ Work Study	

**PRESS RELEASE INFORMATION AND AUTHORIZATION**

**MOTHER'S FULL NAME:** \_\_\_\_\_ **FATHER'S FULL NAME:** \_\_\_\_\_

**NAME/ADDRESS OF HOMETOWN NEWSPAPER:** \_\_\_\_\_

I hereby authorize Parkland College to release information about my scholarship application results for publicity purposes.

\_\_\_\_\_  
*Student Signature Date*