

THE PHIL AND BETH GASIEWICZ STUDY ABROAD SCHOLARSHIP APPLICATION 2019-2020

Please submit this application and ALL supporting materials to the WCB Undergraduate Office, 120A Smith Hall.

The GASIEWICZ Scholarship helps business students gain international experience through study and work abroad. Awardees will receive \$500-\$1500 to offset the cost of study abroad. Funds may be used for tuition or travel-related experience. Normally 8 to 10 awards are available each year. Applicants must be full-time students in good academic standing—MAJORING IN BUSINESS.

FOR STUDY ABROAD IN	APPLICATION DEADLINE	AWARDS CHOSEN / ANNOUNCED	FUNDS AVAILABLE
SPRING	OCT 18	NOV	JAN
SUMMER	OCT 18	NOV	MAY
FALL	OCT 18	NOV	AUG

APPLICANT INFORMATION		
LAST NAME	FIRST NAME	
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	E-MAIL	
MAJOR(S)	CLASS (FR, SO, JR, SR)	
BANNER ID	GPA	
STUDY ABROAD INFORMATION		
INTENDED PROGRAM		
FOREIGN CITY	COUNTRY	
WHEN: Spring 2020 <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020 <input type="checkbox"/>	Exact program dates:	
Is this a Xavier program? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is this a DIRECT EXCHANGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
For non-Xavier program, please list FOREIGN UNIVERSITY OR INSTITUTION		
Have you already been accepted? YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you studied abroad before (in college)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ESSAY		

Please attach a 500-1000 word essay in response to the questions below. Answer all topics in paragraph format.

- Why are you interested in studying abroad?
- Why did you apply to this particular program? And country?
- How will study abroad impact your academic studies and career goals?
- Beyond its application to your studies, what do you expect to gain from a study abroad experience?
- How will the Phil and Beth Gasiewicz Study Abroad Scholarship help you attain your goals?

REQUIRED SUPPORTING DOCUMENTS

- Application and essay
- Transcripts (unofficial copy acceptable)
- Faculty/advisor recommendation (forms available)
- Personal resume (optional)

SIGNATURE

I agree to use this scholarship for the study abroad program intended. Further, I will abide by all program guidelines as well as the WCB Code of Conduct for Study Abroad. Otherwise, I will forfeit the award.

SIGNATURE	DATE
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WCB Study Abroad Reference Form

STUDENT INFORMATION

APPLICANT

PROGRAM/TRIP

STUDENT INSTRUCTIONS

- This form should be given to a professor who knows you well and can comment on your qualifications and readiness for this study abroad program.
- One reference is required. It must be from a faculty member
- Forward all recommendation forms to the WCB Undergraduate Office (Ms. Cynthia Stockwell, WCB Undergraduate Office, 120A Smith Hall, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-1221).

(STUDENT) APPLICANT'S WAIVER OF RIGHT TO ACCESS

- The Family Educational Rights & Privacy Act of 1974 (as amended P.L. 93-380) allows a candidate to waive his/her right of access to confidential statement written on his/her behalf. The university does not require you to make such a waiver as condition for admission. I hereby waive my right of access to this recommendation:

NAME	SIGNATURE	DATE
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NOTE TO FACULTY / ADMINISTRATOR REFEREE

- This study abroad program is an intensive, immersion program where students will explore the country's historical, social, political, economic and business environment.
- Students on this program must demonstrate the highest level of maturity, integrity, openness to new ideas, problem solving and academic skills.

PLEASE RATE THE APPLICANT ON THE FOLLOWING:

CRITERIA	Outstanding	Very Good	Good	Average	Below Average	n/a or cannot evaluate
MOTIVATION / SERIOUSNESS OF PURPOSE						
MATURITY						
ADAPTABILITY / RESILIENCE / HANDLE STRESS						
ACADEMIC						
PERSONAL INTEGRITY / RELIABILITY						
ABLE TO WORK WITH OTHERS / IN GROUPS						
OVERALL / READINESS FOR PROGRAM	<input type="checkbox"/> Recommend Highly		<input type="checkbox"/> Recommend		<input type="checkbox"/> Do Not Recommend	
OTHER COMMENTS / OBSERVATIONS						

For additional comments, please feel free to use back or attach a letter

REFEREE

NAME	DEPARTMENT
PHONE (XU)	E-MAIL
How long have you known this student?	In what capacity?
SIGNATURE	DATE