Elizabethtown College STUDY ABROAD TRAVEL GRANT APPLICATION

Your answers to these questions will be used only in conjunction with the administration of the grant and will be kept in strict confidence.

CONTACT INFORMATION **FULL NAME:** ID#: ADDRESS: CITY: STATE: ZIP Code: PHONE: EMAIL: GPA: MAJOR: MINOR: ANTICIPATED DATE OF GRADUATION: PROGRAM INFORMATION NAME OF PROGRAM: PROGRAM LOCATION: PROGRAM DATES: HAVE YOU TRAVELED ABROAD BEFORE? YES NO If yes, where? CURRENT LOANS FINANCIAL AID **SCHOLARSHIPS** OTHER (specify) RECIPIENT OF: **SUBMISSION** Please submit completed application via email and deliver a hard-copy by April 3, 2017, at 5:00 p.m. to: Dr. Kyle C. Kopko Wenger Center 004 Assistant Dean for Academic Achievement and Engagement Email: studyabroad@etown.edu Office Phone: (717)361-1990 **SIGNATURES**

Date:

Signature of Applicant:

Short Answer Questions: 1. Why did you choose this specific study abroad program and locations? 2. How does this study abroad program enhance your academic career?

3. What do you hope to gain from the program abroad?