

# SCHOLARSHIP REFERENCE FORM

## Study Abroad – Center for Global Engagement

*Completed by faculty for students' scholarship application for study abroad.*



*Part I: To be completed by the applicant.*

Applicant's Name: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_

Applicants have the right to view letters of reference or have the contents disclosed to them. If you *agree to waive this right*, no signature is required. The absence of a signature below will mean you will not have access to this reference.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Part II: To be completed by the faculty member. Academic references only.*

1) How long, and in what capacity, have you known the applicant?

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

2) Please indicate your estimation of the student's ability to deal personally with novel situations and new environments and this student's suitability to deal with a study abroad program.

	Excellent	Good	Fair	Poor	No opportunity to observe
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability / Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program's Suitability for Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please indicate how the program will serve the student's academic, professional and personal goals:  
(attach additional page if preferred):

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

4) Based on my knowledge and assessment, I would \_\_\_\_\_ this applicant for a merit based award:

- \_\_\_\_ Highly recommend  
\_\_\_\_ Recommend  
\_\_\_\_ Recommend with reservations  
\_\_\_\_ Not recommend

Faculty Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_ Work Telephone: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to: Katherine Grego Study Abroad Coordinator, CGE, 4225 University Avenue Columbus, GA 31907  
Grego\_katherine@columbusstate.edu  
706-507-8583

Last Updated Feb. 2018