



International Education Scholarship Application

The Texas A&M Health Science Center (TAMHSC) International Education Scholarship is available to current students participating in educational or service learning experiences that supplement and enhance learning in their academic degree programs and in countries other than their country of origin or in the United States.

The TAMHSC International Education Scholarship has a maximum award of \$1,000. Eligible students will be determined by a Review Committee, comprised of faculty, students and staff.

Minimum Eligibility Requirements:

- *Must be a current student.
- *Must be in good standing as determined by your college/school.
- *Must be enrolled full time as defined by your college/school.
- *Must complete the educational or service learning experience prior to graduation from the TAMHSC.
- *Must provide — at a minimum — a written summary of your experience; submit photos if available.

Application Instructions:

Return completed applications and all required documents to Ms. Alex Hellinger in the Office of Student Financial Aid on the Bryan campus. Incomplete or partial applications will not be considered.

Required Documentation:

- Application
- Current curriculum vitae or resume that indicates leadership roles, community service activity and career goals.
- Letter of Endorsement from the Home institution endorsing the educational activity and/or from the Host Sponsor individual or institution receiving the student outlining the purpose and expectations of the international education experience.

Name: Last _____ First _____ Middle _____

Student ID#: _____

Mailing Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Number: Home _____ Cell _____

U.S. Citizen? Yes No If not, specify country of origin: _____

College/School: _____

Degree: _____

Estimated Date of Graduation: _____

Number of semesters completed: _____

Currently receiving Student Financial Aid? Yes No

Semester Applying for Scholarship: _____

Program Description

(Please describe the educational or service learning program that this scholarship award would support and provide a copy of trip/program plan/itinerary, brochure or other materials that includes a program description and cost. Examples of cost may include documentation of airline travel, lodging, meals, etc.)

- Purpose
- Sponsor
- Duration of the Program

Program Costs

(Please describe the total estimated costs for your participation if not already included in documentation provided in the program description.)

Have you applied for other resources? Yes No

If yes, list amount(s)/source(s)/current status: _____

Application Certifications

Texas Senate Bill 1325 prohibits relatives of public college and university Board members from receiving certain scholarships from an institution on whose board the member serves. Prior to finalizing, the award granting authority is required by state law to collect a signed statement from each applicant indicating whether he or she is related to a current Board or Regent member. Violation of this legislation is a Class B misdemeanor.

Please select the most appropriate answer below indicating your relation to any of the Board's members.

- Not related to a Regent
- Regent's mother, father, daughter or son
- Regent's brother, sister, grandparent or grandchild
- Regent's great-grandchild, uncle (brother of parent), aunt (sister of parent), nephew (son of brother or sister), or niece (daughter of brother or sister)
- Regent's spouse; spouse's child; spouse's mother or father; child's spouse; or parent's spouse
- Regent's spouse's brother or sister; spouse's grandparent; spouse's grandchild; brother or sister's spouse; Grandparents' spouse; or grandchild's spouse

Furthermore,

- I certify that all the information included in this application is, to the best of my ability, true and/or accurate.
- I understand that only the members of the Review Committee will have access to my application and the enclosed materials.
- I have read the minimum eligibility criteria and I meet or exceed all the eligibility requirements.
- I agree to return the funds to the Texas A&M Health Science Center if I receive a scholarship and am unable to complete my specified program.

Applicant's Signature: _____ **Date:** _____

College/School Certification:

- I certify that the student applicant is in good standing with the college/school.

Dean's/Associate Dean's Signature: _____ **Date:** _____

Please be sure you have completed all sections of this application and submit all required documentation. Submit your application packet (application, resume/CV, and program information) to:

Ms. Alex Hellinger
Division of Student Services
Office of Student Financial Aid
(sfa@tamhsc.edu) or 1015 Health Professions Education Building in Bryan, TX
Mailing Address: 8447 State Highway 47, Bryan, TX 77807-3260

DEADLINES TO SUBMIT AN APPLICATION ARE AS FOLLOWS:

July 1 for the *fall semester* (September – December)

November 1 for *spring semester* (January – May)

April 1 for *summer semester* (June – August)