

Rotary District 5690 Global Grant Scholarship Application

Please print legibly or type. Do not use initials or abbreviations.

SCHOLAR CONTACT INFORMATION

Family name: _____ Given names: _____

Male Female

Permanent address: _____

Email: _____

Primary phone: _____ Secondary phone: _____

Country of citizenship: _____

Country of birth: _____

EMERGENCY CONTACT INFORMATION

Family name: _____ First name: _____

Relationship: _____

Address: _____

Email address: _____

Primary phone: _____ Secondary phone: _____

Travel Insurance Carrier Name: _____

Phone: _____

Policy Number: _____

LANGUAGES AND EDUCATION

List the languages you speak (including native language) and your proficiency level.

<i>Language</i>	<i>Proficiency</i>

List the two educational institutions you have attended most recently.

<i>Name of Educational Institution</i>	<i>Country</i>	<i>Field of Study</i>	<i>Degree Received</i>

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ACADEMIC PROGRAM DETAILS

Name of institution: _____

Location (city and country): _____

Institute's website (URL): _____

Academic program: _____

Official language(s): _____

Anticipated start date: _____

Anticipated end date: _____

AREA OF FOCUS AND GOALS

Which area(s) of focus is the program of study aligned?

- | | |
|---|---|
| <input type="checkbox"/> Peace and conflict prevention/resolution | <input type="checkbox"/> Maternal and child health |
| <input type="checkbox"/> Disease prevention and treatment | <input type="checkbox"/> Basic education and literacy |
| <input type="checkbox"/> Water and sanitation | <input type="checkbox"/> Economic and community development |

Explain how your program of study relates to your selected area(s) of focus as defined by the statement of purpose and goals for the area of focus listed here:

<http://www.rotary.org/en/Members/RunningADistrict/FutureVisionPilotProgram/Pages/AreasofFocus.aspx>

Provide a description of the program coursework, such as a list of the classes you plan to attend and any relevant links to further information about the program on the website.

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What past education or experience has led to your interest in this particular program at this institution?

SUSTAINABILITY AND MEASURABILITY

Describe your educational and professional goals, including your career plans, and how your chosen program of study will help to advance these goals.

What community need will your work address during or after completing this program?
How will your work contribute to addressing this need on a long-term basis?

With this document, I am providing an electronic copy of my

- Language exam
- Proof of university admission

AGREEMENT

I accept the scholarship granted by The Rotary Foundation (TRF) for study during the predetermined academic year(s) at the study institution approved by TRF.

I acknowledge that TRF has agreed to provide me a scholarship as described below. In accepting this scholarship, I understand and agree that:

1. I have been provided with a copy of the Terms and Conditions for Rotary Foundation District Grants and Global Grants (“Terms and Conditions”) and will adhere to all policies that apply to scholarships and the proper use of the funds awarded by TRF.
2. I am not: (1) a Rotarian; (2) an employee of a club, district, or other Rotary entity, or of Rotary International; (3) the spouse, a lineal descendant (child or grandchild by blood or stepchild, legally adopted or not), the spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any person in the foregoing two categories.

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3. My scholarship is provided for direct enrollment at the approved study institution, and my award funding is intended to defray my expenses only during my scholarship period as approved by TRF. No other person's expenses, either directly or indirectly, will be covered by my award funding.
4. Depending on tax laws in my home and host countries, the scholarship may be taxable to me in part or in full, and I acknowledge that I am solely responsible for investigating and paying all taxes that pertain to the funding of my scholarship or otherwise result from residency in my home country.
5. I will live in the immediate vicinity of my approved study institution and in my host district so that I can participate in the Rotary club and district activities of my district.
6. Deferral or postponement of studies after the scholarship study period has begun will not be considered or approved.
7. The duration of this scholarship is for consecutive terms within the approved scholarship period at the study institution; this scholarship is only for the graduate level (or equivalent) program(s) approved by TRF; and under no circumstances will this scholarship be extended beyond the approved time period.
8. I will be responsible for arranging travel to and from the study institution and will follow all travel policies listed in the Terms and Conditions.
9. I will keep my international and host sponsors and my global grant coordinator at TRF advised of my current mailing address, telephone number, and e-mail address at all times before, during and after my study period.
10. I will participate in mandatory pre-departure orientation activities offered by the sponsor Rotary club or district and club and district activities during the term of my scholarship as requested by my sponsors.
11. I will submit progress reports every 12 months for the term of my scholarship including a final report one month before completion of my scholarship period. I will send copies of my reports to TRF and the sponsoring Rotary clubs or districts.
12. I will exercise good judgment in expressing opinions regarding controversial, political, racial, or religious issues so as to avoid offending others. In addition, I will abide by the local laws of my host country.
13. Rotary International (RI), TRF, my approved study institution, and any Rotary district, club, or individual Rotarians are in no way responsible for enabling me to pursue my studies beyond my scholarship period. If I choose to pursue studies beyond that period, all expenses will be my responsibility.

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14. I will refrain from engaging in dangerous activities for the entirety of the scholarship period. I further confirm that I understand and agree to the following:
- I am solely responsible for my actions and property while participating in and traveling to and from grant activities.
 - While participating in this scholarship, I may be involved in some dangerous activity including exposure to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this scholarship.
 - I do hereby release RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant.
 - I shall be solely responsible for any and all costs and damages for any illness, injury, or other loss (including loss of consortium and emotional loss) incurred or suffered participating in, traveling to or from the grant activity, or otherwise related to the provision of the grant.
15. Scholars who engage in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, and contact with infectious diseases are reminded they are solely responsible (including providing for adequate insurance) for any and all liability that may arise from their participation in this activity.
16. I do hereby release RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the scholarship, and am responsible for all costs not covered by the scholarship. I do hereby agree to defend, indemnify and hold harmless RI/TRF from and against all claims (including, without limitation, claims for bodily injury or property damage), demands, actions, damages, losses, costs, liabilities, fines, expenses (including reasonable attorney's fees and other legal expenses), awards and judgments asserted against or recovered from RI/TRF arising out of any act, conduct, omission, negligence, misconduct, unlawful acts, or violations of any of the terms and conditions that apply to this scholarship. The foregoing includes, without limitation, injury or damage to the person or property of RI/TRF or any third party, whether or not subject to any policy of insurance.
17. I will secure, for the duration of the trip, travel medical and accident insurance that includes the following *minimum* limits of benefits:
- US\$250,000 or equivalent for medical care & hospitalization for basic major medical expenses, including accident and illness expense, hospitalization, and related benefits
 - US\$50,000 or equivalent for emergency medical evacuation
 - US\$10,000 or equivalent for accidental death and dismemberment
 - US\$20,000 or equivalent for repatriation of remains

I understand that this insurance must be valid in the country(ies) that I will travel to and visit during the duration of my participation, from the date of departure through the official end of the trip.

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Upon request, I will provide to the host sponsor, international sponsor, and TRF a certificate of insurance evidencing the required coverages.

I understand that by requiring insurance herein, RI/TRF does not represent that these coverages and limits will necessarily be adequate to protect me. I should consult with an insurance professional to determine which coverages and limits will be adequate to cover me in the geographical location(s) visited.

I understand that RI/TRF does not provide any type of insurance to the scholar.

18. If I, because of serious illness or injury, am unable to complete the terms of this Agreement and must return home, TRF shall pay for transportation home. RI/TRF shall not assume any additional costs including the cost of any medical care or treatment, now or in the future.
19. All matters concerning transportation arrangements, language training, insurance, housing, passports, visas, inoculations, and financial readiness are my personal responsibility and not that of any individual Rotarian, Rotary club or district, RI or TRF.
20. I will abide by all TRF decisions related to travel safety. Therefore, if RI determines, in its sole discretion, at any point in the scholarship period that my safety in the country where I am studying could be or is at risk, TRF may require that I return home immediately. In such instances, I agree further to abide by TRF's decision as to the subsequent availability of my scholarship.
21. Any actions of mine that result in the following situations will be properly construed as sufficient grounds for revocation of my scholarship: (a) failure to complete all pre-departure requirements in a timely manner; (b) failure to keep my sponsoring club and district and my global grant coordinator at TRF advised of my current mailing address, telephone number, and e-mail address at all times; (c) failure to maintain good academic standing pursuant to university standards throughout the scholarship period; (d) evidence of misconduct; (e) failure to submit reports on time; (f) change in course of study or program without the written consent of TRF; (g) withdrawal from the institution of course of study or program of training prior to the expiration of the term of the award; (h) failure to remain in the approved host district for the duration of the scholarship award; (i) deficient knowledge of the local language in the country of study; (j) failure to adequately fulfill the terms and conditions of this agreement, or other TRF policies; and (k) any contingency preventing me from fulfilling all the obligations of the scholarship. My host or international district(s) may also request that my scholarship be revoked on any of the above grounds.
22. If I terminate my scholarship, or if my scholarship is terminated by TRF, I forfeit all rights to any additional TRF funding and will return any unused portion of my award.
23. I will promptly return any unused grant funds to TRF.
24. TRF is permitted to share my name and contact details with other scholars and Rotary districts upon request. Unless I indicate otherwise in writing, by submission of any photos in connection with my report(s), I hereby give publication rights to RI and TRF for promotional purposes to further the Object of Rotary, including but not limited to RI and TRF

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publications, advertisements, and websites. I also authorize RI and TRF to share photos from my final report with Rotary entities for promotional purposes to further the Object of Rotary.

The laws of the State of Illinois shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance and enforcement. Any legal action brought by either Party against the other Party arising out of or relating to this Agreement must be brought in either the Circuit Court of Cook County, State of Illinois or the Federal District Court for the Northern District of Illinois. Each Party consents to the exclusive jurisdiction of these courts, and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court.

Please confirm the following:

- I have read and agree to the Terms and Conditions of Rotary Foundation District Grants and Global Grants and the above terms of agreement associated with my participation in this grant.
- I meet the medical requirements for international travel and all grant activities during the scholarship period.
- I understand that I am required to secure travel medical and accident insurance as outlined in the scholar agreement that I must provide details about these coverages in the emergency contact section above. I understand that this insurance must be valid for all countries visited during the scholarship period.
- I understand that Rotary International and The Rotary Foundation do not provide any type of insurance to scholars.
- I release The Rotary Foundation from any and all liability with regard to my involvement in this grant.

Name (please print): _____

Signature (mandatory) _____

Date: _____

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Deadline for submission 1 February annually

This application must be approved by a sponsoring Club in District 5690

Name of Sponsoring Club: _____

Name of Club President: _____

Signature of Club President: _____

Date: _____

Note: Both the sponsoring club and the applicant should retain a copy of this application and all required documentation and attachments.

Club should mail the original application to:

Phil Michel
Rotary District 5690
Scholarship Committee Chair
6903 E. Aberdeen
Wichita, KS 67206-1169

Questions: Contact PDG Phil Michel
phil_michel2001@yahoo.com
316-685-1118 (office) or (316) 213-5515