Rotary International District 5770

Global Grant Scholarship

**LANGUAGE ABILITY FORM**

**SECTION I — To be completed by the applicant. *(Please type.)***

Complete this form ***only*** if you intend to study in a country where the native language is different from your own.

Name of Applicant

I  waive  do not waive my right to access information in Part II of the Language Ability Form.

Signature of Applicant

1. For what language is this form being completed?

|  |
| --- |
|  |

2. Summarize the formal education and training you have had in this language.

|  |
| --- |
|  |

3. Summarize the informal training or experience you have had using this language.

|  |
| --- |
|  |

4. If granted a scholarship in a country where this language is used, what additional language training will you undertake before departure?

|  |
| --- |
|  |

**SECTION II — To be completed by a language instructor. *(Please type.)***

1. In what capacity and how long have you known the applicant?

|  |
| --- |
|  |

2. Your evaluation is based on  Previous class or tutoring  Other (please specify)

|  |
| --- |
|  |

3. Rate the applicant’s present language ability as follows:

Superior Good Fair Rudimentary

Reading

Writing

Comprehension (aural)

Speaking

4. Please comment on the applicant’s ability to carry out a program of study using this language. If the applicant’s command of the language is not adequate, what training would you recommend?

|  |
| --- |
|  |

Name Title or Position

Signature Date

Institution

Telephone Fax E-Mail Address

***Please return completed evaluation by February 1,2022 to:***

**District 5770 Rotary Foundation Global Grant Scholarship Chair**:

Dr. Joe Foote

432 Chautauqua

Norman OK 73069