**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?

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

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

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

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

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

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

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 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?

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Name Title or Position

Signature Date

Institution

Telephone Fax E-Mail Address

*Please return completed evaluation to:*

 **District 5790 Rotary Foundation Scholarships Chair**:

 Conrad C.Heede, PDG

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