



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

### APPLICATION CHECKLIST.

The candidate must submit this completed scholarship application form to a Rotary club in District 5020, and the Club must endorse the application and submit it to the D5020 Scholarship Chair. All required documents (see checklist) must reach the D5020 Scholarship Chair no later than 15 September.

Documents to be submitted to the D5020 Scholarship Chair by the Rotary Club:

- ☐ Completed Application Form (Section 1)
- ☐ Essay (Section 2)
- ☐ Rotary Club Endorsement (Section 3)
- ☐ Recent Photograph of Applicant
- ☐ Applicant's Certification (signed and dated)

Note that if more information is required for any section of the application, additional pages may be added.

Documents to be sent DIRECTLY to the D5020 Scholarship:

- ☐ Language Ability Form (Section 4) - required if the candidate intends to study in a country where the native language is not English.
- ☐ Letters of Reference (Section 5) - We recommend a **minimum of three** detailed letters of reference, preferably from an academic, employer or supervisor.
- ☐ Academic Transcripts – the candidates most recent transcripts, sent directly from the academic institution to the D5020 Scholarship Chair.

**NOTE:** The application and all required documents must be received by the D5020 Scholarship Chair **no later than midnight, 15 September**, in either electronic or hard copy. Incomplete applications and applications received after this date will not be considered.

**\*D5020 Scholarship Chair (2014-16):**

Ms. Victoria Pitt, Chair, District 5020 Scholarship Committee  
1620 Cedar Hill Cross Road  
Victoria, BC, Canada  
V8P 2P6  
T: 250-477-4143 (Office)  
E: [victoria@salmondashurst.com](mailto:victoria@salmondashurst.com)

**Do not forward this application to The Rotary Foundation or Rotary International.**



## **SECTION 1: APPLICATION FORM**

### **APPLICANT CONTACT INFORMATION**

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender:            Male    ☐       Female    ☐

Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

### **NOMINATING/SPONSORING DISTRICT 5020 ROTARY CLUB**

Rotary Club Name: \_\_\_\_\_

Club Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

### EDUCATION AND LANGUAGES

#### **Post-Secondary Educational History** (List most recent first)

| Name & Location of Institution | Field of Study, Credential Earned or Expected | Date From | Date To |
|--------------------------------|---|-----------|---------|
|                                |   |           |         |
|                                |   |           |         |
|                                |   |           |         |
|                                |   |           |         |
|                                |   |           |         |

#### **Language:** List the languages you speak (including native language) and your proficiency level.

| Language | Proficiency |
|----------|-------------|
|          |             |
|          |             |
|          |             |
|          |             |

**NOTE: LANGUAGE ABILITY:** Form attached. To be sent to D5020 Scholarship Chair.

**\*REQUIRED ONLY IF LANGUAGE IN STUDY COUNTRY IS DIFFERENT THAN YOUR NATIVE LANGUAGE.**

#### **Previous Experience Abroad:** List all countries in which you have previously lived or studied.

| Country | Circumstances | Date From | Date To |
|---------|---------------|-----------|---------|
|         |               |           |         |
|         |               |           |         |
|         |               |           |         |
|         |               |           |         |
|         |               |           |         |

#### **Employment/Volunteerism History** (List most recent first)

| Employer/Volunteer Organization | Title or Type of Work | Date From | Date To |
|---------------------------------|-----------------------|-----------|---------|
|                                 |                       |           |         |
|                                 |                       |           |         |
|                                 |                       |           |         |
|                                 |                       |           |         |
|                                 |                       |           |         |



### **PROPOSED ACADEMIC PROGRAM DETAILS**

Name of institution: \_\_\_\_\_

Location ( city and country): \_\_\_\_\_

Institution's website (URL): \_\_\_\_\_

Academic program: \_\_\_\_\_

Official language(s): \_\_\_\_\_

Anticipated start date: \_\_\_\_\_

Anticipated end date: \_\_\_\_\_

### **AREA OF FOCUS AND GOALS**

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

- ☐ Peace and conflict prevention/resolution
- ☐ Disease prevention and treatment
- ☐ Water and sanitation
- ☐ Maternal and child health
- ☐ Basic education and literacy
- ☐ 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 in the 2015-2016 D5020 Scholarship Handbook.



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

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**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.**

**What past education, employment or volunteer experience has led to your interest in the academic program you propose to pursue?**



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



## **SECTION 2: ESSAY**

Attach to this application a two to three page typed essay describing:

- 1) how your program of study relates to the selected area(s) of focus;
- 2) your educational and professional goals;
- 3) how the scholarship will help you to advance these goals;
- 4) personal experiences and accomplishments related to your goals; and
- 5) if you are the successful candidate, what will you do before, during and after your scholarship period to fulfill the "ambassadorial" responsibilities of the scholarship?



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

### SECTION 3: ROTARY CLUB ENDORSEMENT

The Rotary Club of \_\_\_\_\_  
endorses the application and confirms the eligibility of \_\_\_\_\_  
for a D5020 District Rotary Ambassadorial Scholarship. (DRAS).

The Rotary club selection committee    **did**    ☐    **did not**    ☐    **interview this candidate.**

Each DRAS Scholar is assigned a Rotarian mentor from the endorsing club. The mentor must be a knowledgeable Rotarian who serves as a resource and mentor to the scholar before, during, and after the scholarship period.

The club president recommends the following Rotarian as a mentor, should the applicant receive a scholarship:

**Name of Mentor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**E-mail address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Business phone:** \_\_\_\_\_

**Cell/Mobile phone:** \_\_\_\_\_

(Note: If no mentor is listed, the club president will be designated as the scholar's sponsor counselor.)

**Name of Club President (please print)** \_\_\_\_\_

**Signature of Club President** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Business phone:** \_\_\_\_\_

**Cell/Mobile phone:** \_\_\_\_\_

*The endorsing club president is requested to make a complete photocopy of this application for club records.*





## SECTION 4: ACADEMIC/EMPLOYER RECOMMENDATION

### **PART I — To be completed by the applicant.**

Name of Applicant \_\_\_\_\_

I   waive   ☐   do not waive   ☐   my right to access information on Part II of this Recommendation form.

Signature of Applicant \_\_\_\_\_

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

**2. How firm is the applicant's commitment to his/her proposed field of study?**

**3. In what way would study abroad contribute to the applicant's academic or professional development?**

**4. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.**

|                        | Excellent | Very Good | Average | Below Average |
|------------------------|-----------|-----------|---------|---------------|
| Leadership             |           |           |         |               |
| Initiative             |           |           |         |               |
| Seriousness of purpose |           |           |         |               |
| Enthusiasm             |           |           |         |               |
| Adaptability           |           |           |         |               |
| Maturity               |           |           |         |               |
| Emotional stability    |           |           |         |               |
| Public speaking        |           |           |         |               |
| Community service      |           |           |         |               |



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

5. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 4.

6. Additional comments: (If more space is required, you may attach additional comments to this form)

Name:

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Institution or Business:

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Title or Position:

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Signature:

---

Date:

---

Email address:

---

Business phone:

---

Cell/Mobile phone:

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*Please return completed evaluation to:*

**\*D5020 Scholarship Chair:**

**Ms. Victoria Pitt, Chair,** District 5020 Scholarship Committee  
1620 Cedar Hill Cross Road  
Victoria, BC, Canada  
V8P 2P6  
T: 250-477-4143 (Office)  
E: [victoria@salmondashurst.com](mailto:victoria@salmondashurst.com)

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## SECTION 5: LANGUAGE ABILITY

### PART 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 on Part II of this Recommendation 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? NOTE: Rotary scholarship funds cannot be used for language training.

### Part 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)



## District 5020 Rotary Ambassadorial Scholarship (DRAS) Application

### 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.

### 5. If the applicant's command of the language is not adequate, what training would you recommend?

Name:

Institution or Business:

Title or Position:

Signature:

Date:

Email address:

Business phone:

Cell/Mobile phone:

*Please return completed evaluation to:*

**\*D5020 Scholarship Chair:**

**Ms. Victoria Pitt, Chair,** District 5020 Scholarship Committee  
1620 Cedar Hill Cross Road  
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### SECTION 6 - APPLICANT'S CERTIFICATION

I hereby apply for a one year-District Rotary Ambassadorial Scholarship from District 5020. I certify that I am eligible to apply, understanding that persons in the following categories are ineligible: (a) a Rotarian or Honorary Rotarian; (b) an employee of a Rotary club or district, of Rotary International, or of another Rotary-affiliated entity; (c) a spouse, a lineal descendant (child or grandchild by blood or adopted or not adopted), a spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any living person in categories (a) or (b); and that Rotarians and their relatives as described above remain ineligible for 36 months after resignation.

#### **If I receive a Rotary Foundation Ambassadorial Scholarship, I agree:**

1. To learn about Rotary International and fulfill the ambassadorial responsibilities outlined in the DRAS Principles document posted on D5020's web site (<http://www.rotary5020.org>)
2. To help promote Rotary International wherever possible and to permit The Rotary Foundation to use my name and all photographs and written reports generated through any of my activities related to my scholarship
3. That I am responsible for gaining admission at my assigned study institution, obtaining required visa(s), making appropriate travel arrangements, and completing all pre-departure requirements, and that I must abide by any decisions made by Rotary District 5020 officials concerning my scholarship
4. That I am responsible for all costs incurred in completing my pre-departure requirements, including any application or visa fees, any required exam fees, and securing appropriate insurance coverage
5. That I am responsible for all costs associated with my spouse or dependents who may accompany me during my scholarship period, and that I will not live with a companion or partner to whom I am not married during my scholarship
6. Because funding is tied to the Rotary year (July 1 – June 30), that my scholarship studies can begin no earlier than July 1<sup>st</sup> following the interview, and that I will not receive scholarship funding for any studies undertaken before this date. If I study at an institution located in the Southern Hemisphere, I would expect to begin my studies between January and March of the next Rotary year.
7. That I am expected to embrace Rotary's spirit of volunteerism and engage in volunteer activities from the time of scholarship application, through the term abroad, to a post-award commitment in my local community
8. That my scholarship will not necessarily enable me to earn a degree, diploma, or certificate
9. That I must advise District 5020 of any other stipend or grant received during my scholarship year
10. That the scholarship funding of US\$15,000 (or equivalent) is for only those items required for my studies (such as tuition and other required fees, books, academic supplies, travel to my study location at the commencement and end of my scholarship year, accommodation and food) and must be approved by District 5020. I further understand that I will need to seek alternate sources of funding if my costs exceed this amount
11. That I will submit reports to the D5020 Scholarship Chair on a regular basis, including quarterly reports explaining my academic progress and expenditures of DRAS Scholarship funds, and a final report including receipts for expenses of US\$75 and more paid from scholarship funds to meet the reporting requirements for the District 5020 Audit Committee for their scholarship year.
12. That my scholarship may be revoked for any of the following reasons: my inability to secure admission to an institution approved by District 5020; low level of academic achievement; evidence of misconduct; failure to submit required reports on time; change in study program without consent of District 5020; withdrawal from institution before expiration of the scholarship term; deficient knowledge of the language of the study country and institution; failure to adequately fulfill ambassadorial duties; failure to attend an outbound orientation seminar or meet with the D5020 Scholarship Chair; failure to follow the directions of District 5020 officials; failure to provide my sponsor Rotarians, host Rotarians, and District 5020 with my current information including mailing address, telephone numbers, and e-mail address at all times; failure to maintain regular monthly communications with my sponsor Rotarians, host Rotarians, and District 5020; or any contingency that prevents me from fulfilling all the obligations of the scholarship. I understand that revocation of a scholarship shall cause all payments to cease and may make me liable for the return of payments previously provided.
13. That Rotary International, The Rotary Foundation, District 5020, the study institution, and individual Rotary clubs and Rotarians are in no way liable for a scholar's personal welfare or responsible for enabling a scholar to pursue his or her studies beyond the scholarship period. Rotary International, The Rotary Foundation and District 5020 assume no responsibility or obligation whatsoever beyond providing the amount of the scholarship.

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

**Signature (mandatory):** \_\_\_\_\_

**Date:** \_\_\_\_\_