

ENGLISH (EN)

# DISTRICT 7070 Global Grant Scholarship CANDIDATE Application

Scholar candidates should complete all sections of the application and return it to the sponsoring Rotary club or district.

### PERSONAL INFORMATION

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| --- | --- | --- | --- |
| First name: | |  | |
| Family name: | | |  |
| Citizenship: | |  | |
| Date of birth: | | | DD-MM-YYYY |
| Gender: | Male  Female | | |

### CONTACT INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Email address: | | | |  | | | |
| Street address or P.O. Box: | | | | | | |  |
| City: |  | | | | | | |
| Postal code: | | |  | | | | |
| Country: | |  | | | | | |
| Primary telephone: | | | | |  | | |
| Secondary telephone: | | | | | |  | |

### LANGUAGE SKILLS

List all the languages you speak, including your native language:

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| --- | --- | --- |
| Language | Written Proficiency | Spoken Proficiency |
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### EMERGENCY CONTACT INFORMATION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | | |  | | | | | | |
| Family name: | | | | |  | | | | |
| Relationship: | | | |  | | | | | |
| Email address: | | | | | |  | | | |
| Street address or P.O. Box: | | | | | | | | |  |
| City: |  | | | | | | | | |
| Postal code: | | | |  | | | | | |
| Country: | |  | | | | | | | |
| Primary telephone: | | | | | | |  | | |
| Secondary telephone: | | | | | | | |  | |

### PRIOR EDUCATION

List the two educational institutions you have most recently attended.

#### Most recently attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of institution: | | | |  |
| Degree received: | | |  | |
| Place of study: | |  | | |
| Field of study: | |  | | |
| GPA: |  | | | |

#### Previously attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of institution: | | | |  |
| Degree received: | | |  | |
| Place of study: | |  | | |
| Field of study: | |  | | |
| GPA: |  | | | |

Secondary school Dates attended (month and year) Diploma or equivalent

(name and location) From To Yes No

### SUMMARY AND OBJECTIVES

In 2-3 short sentences, tell us your objectives for this scholarship (program of study/degree sought, [Rotary area of focus](https://www.rotary.org/myrotary/en/areas-focus), etc.).

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In 200 words or less, please summarize your qualifications to receive this scholarship. (volunteer/work/academic experience, philosophy and perspective, etc.)

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### AREAS OF FOCUS

What is your area of focus?

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| --- | --- |
|  | Peace and Conflict Prevention/Resolution |
|  | Disease Prevention and Treatment |
|  | Water and Sanitation |
|  | Maternal and Child Health |
|  | Basic Education and Literacy |
|  | Economic and Community Development |

Which goals of your selected area of focus will your scholarship activities support? Refer to the [Areas of Focus Policy Statements](https://www.rotary.org/myrotary/en/document/595) for more information.

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How will you meet these goals?

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### SCHOLARSHIP INFORMATION

Provide the following information about the academic program you plan to attend:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of institution: | | | |  | | | | |
| City: |  | | | | | | | |
| Language of instruction: | | | | | |  | | |
| Website: | |  | | | | | | |
| Academic program: | | |  | | | | | |
| Academic program start date: | | | | | | | | DD-MM-YYYY |
| Academic program end date: | | | | | | | DD-MM-YYYY | |
| Planned departure date: | | | | | DD-MM-YYYY | | | |
| Planned return date: | | | | DD-MM-YYYY | | | | |

List the classes you plan to take and provide any relevant links to information about the program. Explain how the program and courses align with Rotary's goals in the selected area of focus and your future career plans.

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How does your previous and current educational, professional, and/or volunteer experience align with Rotary's goals in the selected area of focus (500 words or less)?

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What are your professional and/or academic plans immediately after the scholarship period (500 words or less)?

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How do your long-term professional goals align with Rotary's goals in the selected area of focus (500 words or less)?

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### BUDGET

Select the local currency for your budget and enter the current rate of exchange to 1 U.S. dollar.

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| --- | --- | --- | --- |
| Local currency: |  | Exchange rate to 1 USD: |  |

Detail your proposed expenses. Note that the total budget must be equal to the total financing of your scholarship grant amount. Attach any documents, such as price sheets, bids or estimates, to support the expenses listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Description | Category | Local cost | Cost in USD |
| 1: | Tuition & fees | Tuition |  |  |
| 2: | Local housing | Accommodations |  |  |
| 3: | Books | Supplies |  |  |
| 4: | Food | Supplies |  |  |
| 5: | Airfare | Travel |  |  |
| 6: | Consular/visa fees | Travel |  |  |
| 7: | Local transportation | Travel |  |  |
| 8: |  |  |  |  |
| 9: |  |  |  |  |
| 10: |  |  |  |  |
| 11: |  |  |  |  |
| 12: |  |  |  |  |
| 13: |  |  |  |  |
| 14: |  |  |  |  |
| 15: |  |  |  |  |
| Total budget | | |  |  |

### FINANCING

The scholarship amount is US$30,500. You are personally responsible for all expenses in excess of the scholarship amount. Please list and describe your sources and sufficiency of addition funds that will cover the balance of your budget:

## PERSONAL INFORMATION

### Full-Time Employment History

(List current or most recent first.)

Dates worked (month and year)

Name of employer Job title or type of work From To

### Previous Experience Abroad

Please list all countries in which you have previously lived or studied. Include any countries in which you plan to live or study after application.

State/Province Country Dates Duration of stay in months Circumstances

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## RECOMMENDATION FORM

**SECTION I — To be completed by the applicant.**

Name of Applicant

Rotary club/sponsor Rotarian name and address

I

waive

do not waive

my right to access information on the Recommendation Form.

Signature of Applicant

**SECTION II — To be completed by an academic instructor or employer/supervisor.**

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

1. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 4.
2. Additional comments:

|  |  |
| --- | --- |
| Name | Title or Position |
| Signature | Date |

Institution

Telephone Fax E-mail

*Please return completed evaluation to the Rotary club or sponsor Rotarian listed on the previous page. Do not send this form directly to The Rotary Foundation.*

## Essays

Please prepare the following documents with your name and the name of the sponsor Rotary club in the upper right-hand corner.

1. A brief autobiography, no longer than two pages (excluding translation), describing:
   * Academic strengths and challenges
   * Work experience
   * Volunteer activities
2. A detailed statement of intent, no longer than three pages (excluding translation), describing:
   * Your reasons for applying for a scholarship
   * Your proposed field of study and future career plans, including an explanation of how these plans will support The Rotary Foundation’s mission to further world understanding and peace and help advance the objectives
   * A community service project or activity you intend to carry out while abroad, possibly in conjunction with a Rotary club
3. A list, no longer than one page (excluding translation), summarizing principal interests and activities, noting those in which you have held leadership positions. Indicate any training or experience in public speaking and community service involvement.

## Recommendation Forms

Applicants should have two academic instructors or appropriate employers/supervisors complete the Recommendation Forms of this application. You should inform educators or employers/supervisors completing these recommendations of the purpose of a Rotary Global Grant Scholarship.

## Transcripts

Provide original transcripts from all postsecondary colleges or universities attended.

*Be sure to submit a complete application to your local Rotary club. Incomplete applications will not be considered.*

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

Proof of university admission

### Agreement

If selected, I accept the scholarship granted by Rotary District 707 and The Rotary Foundation (TRF) for study during the predetermined academic year(s) at the study institution approved by TRF.

If selected, 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.
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 host 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 Rotarian 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.
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$50,000 or equivalent for repatriation of remains
* US$500,000 or equivalent for professional liability insurance for those grant recipients who will be providing professional services

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.

**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.

1. 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.
2. All logistical arrangements relating to transportation, language training, insurance, housing, passports, visas, inoculations, and financial readiness are my responsibility and not that of any individual Rotarian, Rotary club or district, RI, or TRF.
3. I will abide by all TRF decisions related to travel safety. Therefore, if TRF 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.
4. 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 or 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.
5. 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.
6. I will promptly return any unused grant funds to TRF.
7. 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 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](http://www.rotary.org/RIdocuments/en_pdf/fv_grant_terms_conditions_en.pdf) 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 and 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. |

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| --- | --- | --- | --- | --- |
| Name (please print): | |  | | |
| Signature (mandatory): | | |  | |
| Date: |  | | |  |