

**South Suburban College
Study Abroad Application**

For Admission to _____
(Costa Rica / China / Africa / Australia)

Personal Information:

Student's Name _____ SS # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Date of Birth _____ Gender _____

Citizenship _____ Passport # _____

Emergency Contact Information:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Academic Information: Present Class Standing

Full time _____ Part time _____

Major _____ GPA _____

Do you have any special needs which we need to be aware of in order to accommodate your academic program?

Yes _____ Please specify _____

No _____

Student's Signature _____ Date _____

Please return this form to _____

For Official use only:

Country to be visited _____ Duration of visit _____

International/Intercultural Studies Committee Rep. _____ Date _____

Administrator _____ Date _____

**South Suburban College / IISC
Application for Scholarship**

To _____
(Costa Rica / China / Africa / Australia)

Personal Information:

Last Name _____ First Name _____ Middle Init. _____

Permanent Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Gender Male _____ Female _____

Date of Birth _____ Social Security Number _____

Citizenship _____ Passport # _____

Name of emergency contact _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Academic Information

Current College _____
Address _____
Date of Attendance _____

Previous College _____
Address _____
Date of Attendance _____

Previous College _____
Address _____
Date of Attendance _____

Present Class Standing: (Please Circle One)

H.S Graduate Freshman Sophomore Junior Senior College Graduate

Major _____ Minor _____ GPA _____

Medical Information:

Have you had, or do you currently have any significant medical conditions requiring supervision or treatment? If yes, please explain on a separate sheet. **Yes** _____ **No** _____
(Example: motion sickness, respiratory ailments, altitude sickness, heart problem, diabetes mellitus)

Have you had, or are you currently receiving counseling for the treatment of emotional disorders, drug addiction, alcohol-related problems, eating disorders, or other psychiatric conditions? If yes, please explain on a separate sheet. **Yes** _____ **No** _____

	Please Circle		Explain if necessary
Have you been hospitalized in the past year?	<u>Yes</u>	<u>No</u>	_____
Do you have any allergies? (Food, insects, drugs)	<u>Yes</u>	<u>No</u>	_____
Do you have any physical handicaps?	<u>Yes</u>	<u>No</u>	_____
Do you have any dietary restrictions?	<u>Yes</u>	<u>No</u>	_____
Do you smoke?	<u>Yes</u>	<u>No</u>	_____

Please indicate any prescription medication that you must continue to take while overseas. _____

Name of Medical Insurance Co. _____ Policy # _____
Address _____ Claims Phone # _____

It is imperative that you have insurance which covers you abroad.

My insurance covers me abroad **Yes** _____ **No** _____

Additional Information:

Have you ever been on disciplinary probation? **Yes** _____ **No** _____
If Yes, please explain _____

How did you hear about the Study Abroad Program? _____

References

Please list the names of 3 individuals to whom you will give the recommendation forms. They must be professional acquaintances (not relatives) who have known you for at least one year and have observed your relationship with others. (Students must request one recommendation from a recent teacher)

Name _____
Phone # _____ **Relationship to you** _____
City _____ **State** _____ **Zip** _____

Name _____
Phone # _____ **Relationship to you** _____
City _____ **State** _____ **Zip** _____

Name _____
Phone # _____ **Relationship to you** _____
City _____ **State** _____ **Zip** _____

Signature -
To the best of my knowledge the information contained in this application is accurate and complete

Applicant's signature _____ **Date** _____

I have reviewed this application and recommended this student to your program. The student complies with ICISP requirements.

IISC Representative _____
Phone # _____ **Date** _____

**South Suburban College/IISC Recommendation Form
Study Abroad in Costa Rica / Africa / China / Australia**

To the applicant

Fill in your name, address, and phone number. Give the form to a professional acquaintance (not a relative) who has known you for at least one year and has observed your relationship with others. All students must request one recommendation from a teacher.

Name _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____

To the evaluator

This candidate's application cannot be completed until we receive this form from you. Please return it promptly to the address below. Study Abroad in Costa Rica or Africa is a rigorous program that expects students to learn from academic classes as well as structured and understood experiences. Participants are involved in a challenging cross-cultural program which includes a 4-week period of living as a member of a family.

To succeed, the applicant must be highly motivated and be able to adjust to people of different social, cultural and economic backgrounds – sometimes under difficult emotional and physical conditions.

Therefore, we cannot overemphasize the value of your candid appraisal to enable us to determine whether the applicant is ready for this program.

In comparison with other individuals the same age whom you know, please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
1. Academic motivation	_____				
2. Self- discipline	_____				
3. Emotional maturity	_____				
4. Initiative	_____				
5. Independence	_____				
6. Open-mindedness	_____				
7. Sense of humor	_____				
8. Physical stamina	_____				
9. Ability to function as a member of a group	_____				
10. Ability to adjust and cope with unusual/uncomfortable situations	_____				
11. Good ambassador for college/USA	_____				
12. Have you ever had any reasons to be concerned about this person's alcohol or drug use?	_____				

	Very well	Well	Poorly	Not at all
13. The candidate has signed a statement indicating that he/she will use Spanish all of the time while in Costa Rica. How well do you feel the candidate will adhere to this?	_____			
14. Would you enjoy having the applicant				
A. Live in your home for a month?	Yes _____		No _____	
B. As a member of a group for which you are responsible	Yes _____		No _____	
15. In your opinion, does this applicant have a clear motivation for study abroad and does he/she have the ability and maturity to achieve these goals?	_____			

16. How long and in what capacity have you known the candidate? _____

Name _____ **Position** _____
Phone # _____ **Date** _____

Essay

Please write 1 - 2 page typed essay telling us why you wish to be considered for this scholarship. Why this program will relate to your personal and/or career goals. What your expectations are. Your likes, dislikes, and anything else we should know.

Costa Rica Applications

Mail to Sangeeta Kumar
SSC International Studies
15800 S. State St.
South Holland, IL. 60473
or **fax** to (708)210-5797
Phone: 708.596.2000 ext. 2574

China Applications

Mail to Albert Jackson
SSC International Studies
15800 S. State St.
South Holland, IL. 60473
or **fax** to (708)210-5797
Phone: 708.596.2000 ext. 2349

Africa Applications

Mail to Albert Jackson
SSC International Studies
15800 S. State St.
South Holland, IL. 60473
or **fax** to (708)210-5797
Phone: 708.596.2000 ext. 2349

Australia Applications

Mail to Albert Jackson
SSC International Studies
15800 S. State St.
South Holland, IL. 60473
or **fax** to (708)210-5797
Phone: 708.596.2000 ext. 2349