

## Department of Foreign Languages: Application for Travel Abroad Grant

Name:	Date:
Language:	Program and location:
Term:	Year:

Are you a: Major  Minor  Other

Date of Birth:	Citizenship:
Berea Address:	Campus Telephone:
Home Address	E-Mail Address:
Name of person to contact in case of emergency:	
Address:	Telephone:
Classification:	Major(s):
	Minor(s):
G.P.A. overall:	G.P.A. in language you will study abroad:

Advisor:	Secondary advisor (if applicable):
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Probation: Yes  No  (if yes, specify: academic, labor, social) .....

- Courses completed in the language you will be studying abroad:
  
- Courses in progress in the language you will be studying abroad:
  
- Other language courses completed (if applicable):
  
- Other language courses in progress (if applicable):
  
- Language course(s) you will take upon your return:

Ask two individuals outside the Department of Foreign Languages for a brief but specific written recommendation. At least one of the recommenders must be a member of the college faculty, who is either a former or current teacher in an academic course. The other may be either a faculty or staff member. The recommendation should be sent via-email to Dr. John Carlevale.

Names and titles of those writing recommendations:

- 1.
- 2.

Please address to the Faculty of the Foreign Languages Department a letter of 500-700 words requesting a grant. Your letter should answer the following questions:

- Why do you want to participate in this particular travel/study abroad program?
- What do you expect to gain from this experience?
- How is this experience related to your longer-term goals or career plans?

Your letter should respond to these questions as directly and specifically as possible. Both this letter and the completed application must be submitted in hard copy to Dr. John Carlevale in Draper 218C.

Please request a copy of your transcript in the office of Academic Services. Have the transcript sent to Dr. John Carlevale, c/o Department of Foreign Languages, CPO 2134.

I have read the guidelines established by the Department of Foreign Languages for Travel Abroad Grants. I meet the requirements and I agree to abide by the department's regulations.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foreign Language Faculty who reviewed application before submission  
Note: Faculty member's signature does not constitute endorsement of this application.

\_\_\_\_\_  
Date

**THE DEPARTMENT WILL NOT CONSIDER LATE OR INCOMPLETE APPLICATIONS**