**Katherine C. Christensen Scholarship**

**Application for 2023**

* **Carefully read the Katherine C. Christensen Scholarship Announcement.**
* **Ask a faculty member to submit an endorsement form on your behalf by the January 15th 2023 deadline.**
* **Complete all applicable sections of the application (incomplete applications will not be considered).**
* **Be sure to name your completed application correctly before uploading to Box.
We recommend you name your file using the following naming convention: Your Last Name ApplicationKCCF2023 (for example, “ColeApplicationKCCF2023”) and upload it to Box using the link below as either a .PDF or .docx file.**
* **Submit this application by January 10, 2023 by uploading it to Box here:** [**https://berea.app.box.com/f/ff104ac9e5cb4154874bc3e29a51fc29**](https://berea.app.box.com/f/ff104ac9e5cb4154874bc3e29a51fc29)**.**

*Type your responses in the boxes; fields will expand as needed.*

|  |  |
| --- | --- |
| Name:  | B00#:  |
| Cell phone:  | CPO Box:  |
| Major/s: Minor/s:  | Expected Graduation *(term and year)*:  |
| Academic Advisor:  | Labor Supervisor:  |
| In addition to your Berea Tuition and Labor Grants, have you received other grants before ? \_\_\_\_ Yes  \_\_\_\_ No  If yes, amount(s) and purpose(s):      |

*Follow directions in this section that**apply to you and complete necessary fields.*

**If you are a DACA student**, you are not required to indicate this, but you should consult with Gwendolyn Ferreti, the College’s DACA Point-Person. DACA students should only propose projects within the U.S.

**If you are an international student with an F-1 visa**, you must consult with the International Student Advisor, Kye Anderson, prior to submitting this form, and complete the following information.

|  |  |
| --- | --- |
| F-1 visa expiration date:  | Number of entries:  |
| Country issuing passport:  | Passport expiration date:  |

**If you are not a U.S. Citizen and you do not hold an F-1 visa nor a DACA Card**, complete the following. **Only applicants who have discussed their proposal with staff at the CIE will be accepted.**

|  |  |
| --- | --- |
| What is your citizenship?    | What is your immigration status?    |
| Have you discussed your proposal with the Director of International Education?  \_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_No  |

**Proposed Project**

1. Title of your proposed program and one sentence description of the experience

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| --- |
|   |

1. Essay

In 400-600 words describe the experience that you wish to have. Be certain to make explicit how it connects with the goal of the Katherine C. Christensen Fellowship. In addition, be certain to explain what academic or personal experiences you have had that prepare you for the experience you are proposing.

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|                    |

1. Locations (city, state, countries)

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| --- |
|   |
|  |

1. Languages that you can speak or read and level of proficiency.

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| --- |
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|  |

1. Dates of travel or study (be specific)

|  |
| --- |
|   |

1. Budget for anticipated expenses:

|  |  |  |
| --- | --- | --- |
| Expense  |  | Amount  |
| Airfare  | $  |  |
| Ground Transportation *Indicate type of transportation:*  | $  |  |
| Lodging - *if costs are shared, show only the amount you will pay*  *Indicate type of lodging:*  | $  |  |
| Meals *Indicate estimated amount per week:*  | $  |  |
| Program Fee *Attach program invoice, or provide link to fees:*  | $  |  |
| Other *– please specify:*  | $  |  |
| TOTAL ESTIMATED EXPENSES:  | $  |  |

|  |  |
| --- | --- |
| Other Sources of funding:  | $  |
| TOTAL RESOURCES: |   |
| Amount requested from the Katherine C. Christensen Fund.  |  |
| Total Estimated Expenses – Total Resources = TOTAL AMOUNT REQUESTED:  | $  |

1. Attach a transcript, an unofficial one is acceptable.

8.Submission of this application certifies that I meet all qualifications for the grant. *I am current in all my financial obligations to the College*.

|  |  |
| --- | --- |
| Signature/e-signature:  | Date:  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\***

*To be completed by*

Approved (date): \_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_

Denied (date): \_\_\_\_\_\_\_\_\_\_\_ Reason:

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