

STUDY ABROAD ON THE COLLEGE YEAR IN ATHENS PROGRAM (GREECE)  
SCHOLARSHIP APPLICATION FOR THE FULL 2012-2013 ACADEMIC YEAR  
(Please print legibly)

**Complete this form, make a photocopy of the completed form, and turn them both in to the Office of International Education in Maple House at 705 D St.  
Application deadline: 4:30 pm on Wednesday, Feb. 15, 2012**

Male\_\_\_\_\_ Female\_\_\_\_\_ Birthdate (MM/DD/YY)\_\_\_\_\_

\_\_\_\_\_  
Last name      First name      Middle Name

Student ID# \_\_\_\_\_ Unit# \_\_\_\_\_ E-Mail \_\_\_\_\_

Local Mailing address (if different than Unit #): \_\_\_\_\_ Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                      State                      ZIP

\_\_\_\_\_  
City                      State                      ZIP

Your preferred phone number (    ) \_\_\_\_\_ Cell phone provider \_\_\_\_\_ Simpson G.P.A. \_\_\_\_\_

Expected month & year of graduation \_\_\_\_\_ Major(s) \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship to you \_\_\_\_\_ Her/his email: \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

Are you a U.S. Citizen?    Y    N    Do you have a U.S. Passport?    Y    N    If so, its # is \_\_\_\_\_

**A copy of your passport data page or a copy of your completed passport application (with SSN removed) is required with this application. Important Note: Passports must be valid at least through December 2013.**

**Your signature verifies the following:**

1. **My current degree audit is attached.**
2. **My personal statement is attached.** The statement is a 2-5 page essay (printed, double-spaced) describing how this overseas experience fits into your studies at Simpson, what your overall academic objectives are, and what specifically you hope to gain from this program that will enhance your educational experience.
3. I authorize Simpson College to hold a credit balance on my student account if a credit balance is created by my financial assistance, including Title IV assistance, to cover my program deposit in the amount of \$200. This authorization allows Simpson College to cover the program as a miscellaneous charge and to hold a credit balance longer than the statutory 14 days.
4. I give my permission for the Office of International Education to obtain records from the Office of Student Development, the Business Office, and the Registrar's Office.
5. **If I must cancel my participation in this program, I will do this in writing to the Office of International Education and will abide by the cancellation policies listed on Simpson's study abroad website.**

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

\_\_\_\_\_  
Date

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For office use:

\_\_\_\_\_  
Date and time application was received:

\_\_\_\_\_  
Received by: