PROVOST’S TRAVEL
GRANT FOR STUDY
ABROAD

Available for
Spring 2014 Study Abroad Participants
through the
NIU Study Abroad Office
Williston Hall 417
815-753-0700
niuabroad@niu.edu

APPLICATION DEADLINE:
NOVEMBER 1, 2013
by 4:30 pm
The Provost’s Travel Grant for Study Abroad was established to enhance students’ opportunities to participate in a for-credit NIU study abroad program. Travel grants will be awarded in amounts from $1,000 to $2,500. Grant money must be used towards travel expenses specific to a spring 2014 study abroad program.

**ELIGIBILITY**

This grant is available to NIU students ONLY. Applicants must meet the following eligibility requirements in order to qualify for the grant:

1. Acceptance into an NIU spring 2014 study abroad program.
2. Academic accomplishments and study abroad application will be reviewed.
3. Students must be in good academic standing and disciplinary standing at the time of study abroad program application.
4. Students who transfer to Northern Illinois University must have successfully completed and received grades for at least two full semesters at NIU before they are eligible to participate in a study abroad program or apply for this grant.
5. Students must be enrolled full-time while participating in an NIU spring study abroad program.
6. Encumbrances on a student’s records by NIU; e.g., by Undergraduate Admissions, Bursar’s Office, Accounts Receivable, Registration and Records, Health Services, Parking Services, NIU Libraries, etc., must be cleared before a student can be granted admission to any study abroad program and be eligible for this grant.

**REQUIREMENTS**

You MUST turn in all of the following by the application deadline of November 1, 2013, at 4:30 p.m. to the Study Abroad Office, Williston Hall 417, to be eligible for an award (NO EXCEPTIONS).

1. Study Abroad Travel Grant Application
2. Questionnaire
3. Unofficial Transcript
4. Letter of Recommendation from a faculty member, an instructor, or an academic advisor

**NOTE:** If the Letter of Recommendation submitted is not from one of those listed, the application will not be considered.

**SERVICE REQUIREMENT**

1. All grant recipients are required to offer three hours of volunteer service related to promoting study abroad for each term that they are awarded a grant. This requirement can be fulfilled in a variety of ways, such as volunteering to assist with the Study Abroad Fair in the fall, speaking to students about your overseas experience at an event organized for this purpose, or conducting classroom presentations designed to promote the program in which you participated, just to name a few.
2. All grant recipients are required to give a video testimonial about their study abroad experience. The Service Requirement is coordinated through the Study Abroad Office and must be fulfilled by November 30, 2014. If a student is unable to perform this requirement, repayment of the grant is required. All recipients will need to complete the service requirement verification form.
STUDY ABROAD TRAVEL GRANT QUESTIONNAIRE

PLEASE ANSWER THESE QUESTIONS ON A SEPARATE SHEET OF PAPER IN A TYPED, ESSAY STYLE FORMAT DISCUSSING EACH QUESTION INDIVIDUALLY.

1. How does the study abroad program you are soon to participate in relate to your academic degree program?

2. What do you hope to gain from the program abroad?

3. How are you preparing yourself for this experience?

4. What is your involvement with the campus and the community? If applicable, please include employment, organizations, or volunteer services with which you are affiliated.

5. How do you intend to apply the outcomes of this experience when you return?

6. How do you intend to use the grant money?

TIPS FOR AN EFFECTIVE QUESTIONNAIRE/ESSAY

- To write an effective essay, you should start early so it does not become a last-minute rush to meet the stated deadline. The time and effort spent will be most valuable as you will begin to clarify your goals and gain confidence in your ability to attain them.

- Revise your essay often. Have others critique your work (advisor, professor, parents).

- CHECK GRAMMAR AND SPELLING. Correct grammar and spelling will be taken into consideration.

- The essay/questionnaire must be typed.
STUDY ABROAD TRAVEL GRANT APPLICATION

APPLICATION DEADLINE: November 1, 2013 by 4:30 pm

Your answers to these questions will be used only in conjunction with the administration of the grant and will be kept in strict confidence.

FULL NAME:____________________________________________________ Z ID:________________

ADDRESS:__________________________________________________________________________

CITY:___________________________________ STATE:______________________ ZIP_______________

PHONE:_______________________________ EMAIL:______________________________________

MAJOR:_____________________________ MINOR:________________________ GPA:__________

_____SOPHOMORE _____JUNIOR _____SENIOR _____POSTGRAD _____SAL _____GRADUATE

Anticipated date of graduation:_______________________________________________________

NAME OF PROGRAM:_________________________________________________________________

PROGRAM LOCATION:_________________________________________________________________

PROGRAM DATES:_____________________________________________________________________

HAVE YOU TRAVELED ABROAD BEFORE? _____YES _____ NO     If yes, where? __________________

CURRENT RECIPIENT OF:_____FINANCIAL AID _____ SCHOLARSHIPS _____LOANS _____OTHER (specify)

SIGNATURE OF APPLICANT:__________________________________________DATE:________________

Please submit completed application by November 1, 2013, 4:30 p.m. to:

Study Abroad Office
Williston Hall 417
Northern Illinois University
DeKalb, IL 60115
STUDY ABROAD TRAVEL GRANT FACULTY RECOMMENDATION FORM

EVALUATION DEADLINE: November 1, 2013, 4:30 p.m. – NO EXCEPTIONS

______________________________________________________________
Applicant’s Name (Please print): ________________________________

Program Name ___________________________________________________________________

TO THE APPLICANT:

Under provision of the Family Educational Rights & Privacy Act of 1974:

☐ I waive my right of access to this recommendation.
☐ I retain my right to access this recommendation.

Applicant's Signature________________________________________ Date: ______________________

TO THE EVALUATOR:

The applicant is applying for the Study Abroad Travel Grant. The student will be participating in an NIU study abroad program. Please ask the student to share with you the eligibility requirements for this grant, or if you need additional information, please contact the NIU Study Abroad Office at 753-0420 or niuabroad@niu.edu. Please use additional sheets if necessary. Thank you for your assistance in this matter! Your prompt response will help determine the applicant’s eligibility for this grant.

Please complete, sign, date, and return this recommendation in a sealed envelope with your signature across the seal. Return the evaluation to: The Study Abroad Office, Williston Hall 417, Attention: Anne Seitzinger. Telephone: 753-0700. Email: aseitz@niu.edu

Please answer the following questions. Use a separate sheet if you need additional space.

1. How long and in what capacity have you known the applicant?

________________________________________________________________________________

________________________________________________________________________________
2. How would you rate the applicant's general abilities and potential in relation to others you have known at comparable stages in their university careers?

☐ Lower 50%    ☐ Upper 50%    ☐ Upper 25%    ☐ Upper 10%    ☐ Upper 2%

3. Does the applicant attend class regularly?    ☐ Yes    ☐ No

4. How do you rate the student’s maturity level?    ☐ Excellent    ☐ Good    ☐ Average    ☐ Poor

5. If you were a program director, would you welcome this student as a participant, or would you have reservations? Please comment.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. ☐ I strongly recommend this student.    ☐ I recommend this student but have some reservations as noted above.

☐ I recommend this student.    ☐ I cannot recommend this student.

7. May we contact you if we have further questions?    ☐ Yes    ☐ No

8. Additional comments:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Please sign below and return this form by the deadline noted. Thank you!

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<tr>
<th>Signature</th>
<th>Date</th>
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Printed name and title

Department / address

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<thead>
<tr>
<th>Telephone</th>
<th>Email address</th>
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Contact:
Study Abroad Office
Williston Hall 417
DeKalb, IL 60115-2854
Telephone: (815) 753-0700 or 0420
E-mail: niuabroad@niu.edu

**EVALUATION DEADLINE: November 1, 2013, 4:30 p.m. – NO EXCEPTIONS**

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