



Office of International & Off-Campus Programs

CRANSHAW/PIPER SCHOLARSHIP APPLICATION 2011-2012

Please type or print.

I am applying for the (check one or both):

___ Cranshaw Scholarship (Approximately \$15,000 - Can only be used in Great Britain for ONE academic year, specifically during the 2011-2012 academic year).

___ Piper Scholarship (Amount varies and has ranged from \$5,000 - \$15,000 - Depending on the award amount, may be used in Europe for either one or two semesters during the 2011-2012 academic year).

NAME _____
Last First Middle

Social Security Number _____

PERMANENT ADDRESS

Complete Street Address _____ City _____ State _____ ZIP Code _____

Telephone _____

Parent or Guardian _____

Is the above address / telephone number your parent's or guardian's? _____ Yes _____ No

CAMPUS/LOCAL ADDRESS

Complete Street Address / Residence Hall _____ City _____ State _____ ZIP Code _____

Campus/Local Telephone _____ Campus Box Number: _____

Email Address _____

PERSONAL INFORMATION

Date of Birth _____ Age _____ Place of Birth _____

Citizenship (if not U.S., include type of visa): _____

ACADEMIC INFORMATION

Major(s)

Emphasis

Present academic standing: __FR__SO. __JR. __SR.

Standing when program begins: __SO. __JR __SR.

List the courses you are presently taking:

Department & Title

Department & Title

List any additional courses you plan to take before your proposed study abroad begins:

Title Term

List your tentative choice of courses for your first semester abroad: (General listing is appropriate).

Title Term

OFF-CAMPUS STUDY PLANS

Full Year
Years

City & Country Program

Fall Term
Year

City & Country Program

Spring Term
Year

City & Country Program

Please be sure to include an essay of 750 words indicating the scholarship for which you are applying and describing your plans and your reasons for studying off-campus and a one-page resume with your application.

Return all application materials to the Office of International & Off-Campus Programs, Westminster Hall #146. ALL application materials must be received by the **January 26, 2011 deadline** to be considered eligible for competition.

Westminster does not discriminate on the basis of sex, race, color, creed, national, or ethnic origin.



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Professor's Recommendation

Name of Applicant

Study Abroad Program (Ex. AIFS; Cannes, France)

Term of Study (Ex. Fall 2011)

To the student: Please sign the authorization below and give this recommendation form to a professor who knows you well and has taught you, preferably in your major. Your professor will forward the completed form to the Office of International Programs, Westminster Hall #146.

I hereby authorize _____ to complete this form for my scholarship application.

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared. ____ Yes ____ No

Student's Signature

To the professor: The individual named above has applied for the Cranshaw and/or Piper Scholarship(s). We would appreciate your careful assessment of this student's intellectual ability and academic motivation, past performances, maturity and his or her potential for successfully adjusting to life and study in a foreign country. Please use a separate page to record your comments and **return them to the Office of International Programs, Westminster Hall #146.**

How long have you known the applicant? _____

Among all students you have taught, how would you rate this applicant on a combined measure of academic performance and personal promise?

_____ Top 10%

_____ Upper 25%

_____ Upper 50%

_____ Lower 50%

_____ Recommend without reservation

_____ Recommend with reservation

_____ Will not recommend

Name (Please print.)

Signature

Date



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Authorizations & Evaluations

It is the student's responsibility to obtain the required authorization and evaluation.

To be completed by the student:

Name of applicant (Please print.)

Study Abroad Program (Ex. AIFS: Cannes, France)

Term of Study (Ex. Fall 2011)

I. STUDENT AUTHORIZATION

To the student: Please sign this authorization and give this form to the Westminster College Office of the Registrar.

I hereby authorize staff members from the Registrar's Office to complete the information requested below and to forward the completed form to the Office of International & Off-Campus Programs. Further, the Office of International Programs may issue a (n) (*unofficial*) transcript of my grades to the Scholarship & Recognitions Committee for review in the scholarship competition. I unconditionally and voluntarily consent to the release of such records pursuant to this request. I hereby permit my name and likeness to be used in conjunction with the Office of International & Off-Campus Studies promotion and informational matters.

Signature

Date

II. COLLEGE / REGISTRAR AUTHORIZATION AND EVALUATION

To be completed by Academic Dean, Registrar or other staff of the Registrar's Office.

Upon completion, this form should be sent to the Director of the Office of International & Off-Campus Programs, Westminster Hall #146. Thank you.

Grade Point Average (cumulative)

Points

Out of Possible

Rank in class

Number in class

SAT Verbal & Math Scores

or ACT Composite Score

Signature of Dean, Registrar, or other appropriate staff member

Date