

GFWC ILLINOIS FEDERATION OF WOMEN'S CLUBS
ILLINOIS CULTURAL EXCHANGE STUDENT SCHOLARSHIP

Student's Name _____ Phone (____) _____

Address _____
Street _____ City/Town _____ Zip _____

Student's Email _____ Birth Date _____ M ____ F ____

Parent/Guardian's Name _____ Phone (____) _____

Address _____
Street _____ City/Town _____ Zip _____

Program Applied To _____
Accepted _____ Pending _____

Country Applied For _____ Program Length _____

Answer the following questions:

1. Why do you want to study in a foreign country?
2. Why did you select this country?
3. What do you hope to gain or achieve from studying in another country?
4. Has anyone in your family been an exchange student?

Provide the following:

1. Educational plans
2. Extracurricular activities
3. Goals and ambitions
4. Two letters of recommendation-foreign language instructor, counselor, employer, etc. NO RELATIVES

STUDENT MUST ATTEND AN ILLINOIS SCHOOL – Payment of scholarship will be made to the Cultural Exchange Program in the student's name in one installment. A letter of verification of participation should be sent to GFWC Illinois, 81 N. Chicago St, Suite 406, Joliet, IL 60432-4395.

Mail application with answers to all questions and letters of recommendation POSTMARKED BY Moncay, FEBRUARY 15, 2010 to: Susie Scott, 118 N Scott St, Westville IL 61883-1426

Questions phone (217) 267-2929 or email sas2929@gmail.com

STUDENT'S SIGNATURE _____

Sponsoring Club _____ District _____

President's Signature* _____ Phone (____) _____

***Required for application consideration**