



NEIL GRIFFIN COLLEGE OF BUSINESS
P.O. Box 970, State University, AR 72467 | o: 870-972-3035 | f: 870-972-3744

Neil Griffin College of Business Study Abroad/Away Scholarship Application

Description: The Neil Griffin College of Business is pleased to offer scholarships to help defray the costs of study abroad or “study away” trip (i.e., one which takes the student away from their home and the university for professional development reasons such as intensive courses of study at “bootcamps”) for those who meet the following criteria:

- 1) Majoring in a program in the Neil Griffin College of Business
- 2) Enrolled as a full time student during the regular academic year (Fall/Spring); the internship can occur during the Fall, Spring or Summer terms
- 3) Enrolled to participate in a study abroad or “study away” program
- 4) Enrolled in one or more credits at A-State during the time period of the program (the credits may be unrelated to the program)

Deadlines: Application deadlines are rolling, depending on which semester in which your program of study takes place. If the program takes place during...

- The Spring semester, applications are due by November 15th of the prior year.
- The Summer semester, applications are due by January 15th of that year.
- The Fall semester, applications are due by March 15th of that year.

If you are unsure of which deadline applies to you, contact Dr. Hilary Schloemer (HSchloemer@AState.edu).

Application Requirements for Scholarship Consideration

- 1) Complete the below application, including the signed affirmation at the bottom
- 2) On a separate sheet (or multiple sheets if needed), provide the following information: (a) Country where you studying abroad; (b) How long you will be there; (c) what classes you will take; and (d) what you hope to learn from this experience.
- 3) Without exceeding 500 words, describe your long-term, post-college goals, and how receiving this scholarship will assist you in achieving your goals.

NAME: _____ MAJOR(S): _____

STUDENT ID#: _____

A-STATE EMAIL ADDRESS: _____@smail.astate.edu DATE OF BIRTH: _____

SELECT ONE: I am a ___ US Citizen ___ US National ___ International Student

Expected Collegiate Graduation Date: _____

High School Attended: _____ Graduation Date: _____

I affirm that all of this Application, including the REQUIREMENTS FOR SCHOLARSHIP CONSIDERATION that is being submitted with this Application, is my own work and true and accurate to the best of my knowledge and belief. Additionally, I grant faculty representatives of the Neil Griffin College of Business the right to access information to confirm my financial need.

Applicant Signature: _____ Date: _____

Turn in your application to Dr. Hilary Schloemer (HSchloemer@AState.edu).