

## ROBINSON INTERNATIONAL FELLOWSHIP PROGRAM

Return completed application to Ms. Tanya Newkirk, Associate Director of International Education (Box #150645 OR Sullivan-Harrell 248). NOTE: Application materials MUST be submitted in hard copy form; DO NOT send via email.

**MILLSAPS  
COLLEGE**

### PART I: STUDENT APPLICATION FORM

CRITERIA										
Millsaps student with a <b>minimum GPA of 3.0</b> . (Students with a GPA below 3.0 should not apply.)										
Millsaps <b>undergraduates</b> only. Any class year EXCEPT for seniors graduating in May 2012 (or before the s.a. abroad program takes place)										
This program is for those students with the <b>greatest financial need</b> as documented by the Financial Aid Office. (If your parents have NOT submitted a FAFSA for <i>this academic year</i> , do NOT apply!)										
APPLICANT INFORMATION										
Last Name				First			M.I.		Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Home Phone				Cell Phone				Student ID #		
Major				Anticipated Date of Graduation				Overall GPA		
College Box #				Email Address						
Have you ever studied abroad?	YES <input type="checkbox"/>			NO <input type="checkbox"/>			If so, where? And when?			
For which Millsaps study abroad program are you applying? ( <i>list class name/s</i> )										
PERSONAL STATEMENT										
On the space provided on the next sheet, please write a short essay describing your interest in studying abroad and how it fits into your plans as a Millsaps student. (250-500 words; may be typed or handwritten—if legible.)										
REFERENCES										
<i>Please list three references, including at least one Millsaps faculty member.</i> IN ADDITION, a Millsaps professor OR your faculty advisor must complete and return the attached recommendation letter under SEPARATE COVER.										
Full Name				Relationship						
Company				Phone	( )					
Address										
Full Name				Relationship						
Company				Phone	( )					
Address										
Full Name				Relationship						
Company				Phone	( )					
Address										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
Signature							Date			

***Please remember to write your essay on the next page of this application, and have a faculty member OR your advisor complete and return the Recommendation Form separately. Your application will not be complete until we have received all 3 sections. Thank you!***

Associate Director of International Education (Box #150645 OR Sullivan-Harrell 248). NOTE: Application materials MUST be submitted in hard copy form; DO NOT send via email.

## **PART I: STUDENT APPLICATION FORM**

CRITERIA Millsaps student with a minimum GPA of 3.0. (Students with a GPA below 3.0 should not apply.) Millsaps undergraduates only. Any class year EXCEPT for seniors graduating in May 2012 (or before the s.a. abroad program takes place) This program is for those students with the greatest financial need as documented by the Financial Aid Office. (If your parents have NOT submitted a FAFSA for this academic year, do NOT apply!) APPLICANT INFORMATION

Last Name First M.I. Date

Street Address Apartment/Unit #

City State ZIP

Home Phone Cell Phone Student ID #

Major

Anticipated Graduation

Date of

Overall GPA

College Box # Email Address

Have you ever studied abroad? YES NO

If so, where? And when? For which Millsaps study abroad program are you applying? (list class name/s) PERSONAL STATEMENT

On the space provided on the next sheet, please write a short essay describing your interest in studying abroad and how it fits into your plans as a Millsaps student. (250-500 words; may be typed or handwritten—if legible.)

REFERENCES Please list three references, including at least one Millsaps faculty member. IN ADDITION, a Millsaps professor OR your faculty advisor must complete and return the attached recommendation letter under SEPARATE COVER.

Full Name Relationship

Company Phone ( )

Address

Full Name Relationship

Company Phone ( )

Address

Full Name Relationship

Company Phone ( )

Address

### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

Signature Date

**Please remember to write your essay on the next page of this application, and have a faculty member OR your advisor complete and return the Recommendation Form separately. Your application will not be complete until we have received all 3 sections. Thank you!**

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**PART II: STUDENT ESSAY**

In the space below, write a short essay (250-500 words) explaining why you want to study abroad, why you have chosen this particular program, and how study abroad fits into your plans as a Millsaps student. The essay may be typed or handwritten, as long as it is legible.

## **ROBINSON INTERNATIONAL FELLOWSHIP PROGRAM**

PART II: STUDENT ESSAY In the space below, write a short essay (250-500 words) explaining why you want to study abroad, why you have chosen this particular program, and how study abroad fits into your plans as a Millsaps student. The essay may be typed or handwritten, as long as it is legible.

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## ROBINSON INTERNATIONAL FELLOWSHIP PROGRAM

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### PART III: FACULTY RECOMMENDATION FORM

**To the student:** *Your application cannot be considered until the Office of International Education receives this form. Please fill out the Student Information section below, then submit this form to your faculty advisor OR a professor who knows you well.* NOTE: It is not appropriate to ask the professor leading the study abroad program for which you are applying to write your Robinson recommendation letter. If at all possible, find another professor to do this.

#### STUDENT INFORMATION

Name (please print) \_\_\_\_\_  
First Middle Last Nickname (if any)

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_

Millsaps study abroad program/class for which you are applying: \_\_\_\_\_

*I hereby authorize this form to be completed and sent to the Office of International Education at Millsaps College. I hereby (check one) ☐ waive ☐ do not waive my rights of access to this information.*

\_\_\_\_\_  
Student signature Date

#### FACULTY REFERENCE

**To the faculty referee/advisor:** *The student named above is applying for a Robinson International Fellowship to be used on the Millsaps study abroad program listed above. The student's application will not be complete until we receive this form. Therefore, your prompt response will be appreciated. Please send the signed, completed form in a sealed envelope, signed across the flap, to: Tanya Newkirk, Associate Director of International Education, Box 150645 OR Sullivan-Harrell Hall #248. Recommendation forms emailed or faxed will NOT be accepted.*

*On a separate sheet, please answer the following questions about the student applicant. If you do not feel that you have adequate information or knowledge to respond to a specific question, answer "NA."*

1. In what capacity and for what length of time have you known the applicant?
2. Comment on the student's suitability for study abroad in terms of: (a) personal factors: stability, independence, ability to adapt to a different cultural environment; (b) motivation.
3. What impression would the student make abroad, as a representative of the U.S. and of Millsaps College?
4. List any special considerations of which we should be aware.

Dr./Mr./Ms. \_\_\_\_\_ Position/Title \_\_\_\_\_

Department \_\_\_\_\_ Campus Box # \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Faculty signature Date

# ROBINSON INTERNATIONAL FELLOWSHIP PROGRAM

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### STUDENT INFORMATION

Name (please print)

\_\_\_\_\_  
First Middle Last Nickname (if any)

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address

\_\_\_\_\_  
Date

Millsaps study abroad program/class for which you are applying:

\_\_\_\_\_  
I hereby authorize this form to be completed and sent to the Office of International Education at Millsaps College. I hereby (check one) ☐ waive ☐ do not waive my rights of access to this information.

\_\_\_\_\_  
\_\_\_\_\_  
Student signature Date

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Dr./Mr./Ms. \_\_\_\_\_ Position/Title

\_\_\_\_\_  
Department \_\_\_\_\_ Campus Box #

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty signature Date

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