

**EDUCATIONUSA ACADEMY SCHOLARSHIP APPLICATION**

**Please type this information, and submit the completed application to** **brussels@educationusa.org** **along with a completed recommendation form and one-minute video. Your video application should respond to the following prompt: “The EducationUSA Academy is all about learning from others. What could you share with other students on the program, and what would you be excited to learn from the experience? How would you share this knowledge with others upon return to Belgium?”**

**The deadline to apply is midnight on Monday 6 March 2023. Top-ranked candidates may be invited to an interview on the afternoon of Wednesday 15 March.**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **1. NAME** | Click here to enter text. |
| **2. COUNTRY OF CITIZENSHIP** | Click here to enter text. |
| **3. COUNTRY OF LEGAL Residence** | Click here to enter text. |
| **4. PLACE OF BIRTH**  | **City:** Click here to enter text.**Country:** Click here to enter text. |
| **5. DATE OF BIRTH (MM/DD/YYYY)** | Click to enter a date. |
| **6. GENDER** | [ ]  **Male** [ ]  **Female** [ ]  **Non-binary** [ ]  **Prefer not to say** |
| **7. HOME ADDRESS** | **Street:** Click here to enter text.**City:** Click here to enter text.**Zip Code:** Click here to enter text.**Country:** Click here to enter text. |
| **8. TELEPHONE** | **Home phone**: Click here to enter text.**Mobile phone**: Click here to enter text. |
| **9. EMAIL ADDRESS** | Click here to enter text. |
| **10. NAME OF SCHOOL** | Click here to enter text. |
| **10b. SCHOOL ADDRESS** | **Street:** Click here to enter text.**City:** Click here to enter text.**Zip Code:** Click here to enter text.**Country:** Click here to enter text. |
| **12. EXPECTED GRADUATION YEAR** | Click here to enter text. |

**13. Have you ever traveled outside of Belgium?** [ ] **Yes** [ ]  **No**

**13b. If yes, please list all countries:** Click here to enter text.

**14. Have you ever traveled to the United States?** [ ] **Yes** [ ]  **No**

**14b. If yes, please explain your previous travel experience in the United States in the box below.**

|  |
| --- |
| Click here to enter text. |

**15. Please describe any pre-existing medical conditions or other dietary and personal consideration in the box below. The information you provide will not affect your selection in the program, but will enable the host institution to make any necessary accommodations.**

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| --- |
| Click here to enter text. |

**16. Please rank your English language proficiency in the following areas:**

Speaking: [ ] Fair [ ] Good [ ] Excellent

Reading: [ ] Fair [ ] Good [ ] Excellent

Writing: [ ] Fair [ ] Good [ ] Excellent

**16b. If you have previously taken an official English language exam (e.g., TOEFL, IELTS), please list the name of the exam, your score and the date when you took the examination. Please note that this is not required for the application.**

|  |  |  |
| --- | --- | --- |
| exam: Click to enter text. | Date: Click to enter text. | Score: Click to enter text. |

**17. Please describe all volunteer positions, work experience, awards/prizes, and leadership positions you have held within the past four years** **in the box below.**

|  |
| --- |
| Click here to enter text. |

**18. The EducationUSA Academy will be offered in person in 2023 at five college campuses across the United States. A full list is available at** [**www.edusaacademy.org**](http://www.edusaacademy.org)**. At this time, please identify the three EducationUSA Academies that you are the most interested in attending and why (1-2 sentences).**

|  |  |  |
| --- | --- | --- |
|  | **Academy** | **Why are you interested in this Academy?** |
| **1** | Click to enter a date. | Click here to enter text. |
| **2** | Click to enter a date. | Click here to enter text. |
| **3** | Click to enter a date. | Click here to enter text. |

**REFERENCE**

**In order to be considered for the EducationUSA Academy Scholarship, you must submit a completed recommendation form from a teacher, employer, or mentor. This reference form may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows the applicant well and is familiar with the applicant’s academic and/or professional work. Relatives and friends of the applicant may not complete this recommendation form. This form should be typewritten in English, and all recommendations must be signed at the bottom.**

Name of Evaluator/Referee: Click or tap here to enter text.

Title of Evaluator: Click or tap here to enter text. Work Institution: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email address: Click or tap here to enter text.

**Please respond to the following questions to evaluate the candidate.**

1. How long have you known the applicant? Click or tap here to enter text.

2. In what capacity have you known the applicant? Check all that apply.

 [ ]  Teacher [ ]  Job Supervisor [ ]  Other (please specify)

3. Please evaluate the applicant as compared to other students in terms of the characteristics below. (If you do not feel that you are capable to judge the student on this quality, please select N/A.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | N/A |
| Leadership potential |[ ] [ ] [ ] [ ] [ ]
| Problem-solving skills |[ ] [ ] [ ] [ ] [ ]
| Creative/independent thinking |[ ] [ ] [ ] [ ] [ ]
| Interpersonal skills |[ ] [ ] [ ] [ ] [ ]
| Respect for others |[ ] [ ] [ ] [ ] [ ]
| Interest in other countries, cultures |[ ] [ ] [ ] [ ] [ ]
| Interest in community service |[ ] [ ] [ ] [ ] [ ]
| Maturity |[ ] [ ] [ ] [ ] [ ]

4. Please choose one of the following: Choose an item.

**Please submit short statements in the space provided, giving a candid evaluation of the applicant’s past academic and/or work performance. You may choose to attach additional pages if necessary.**

How would you evaluate the applicant’s ability to interact well with other students and professors?

|  |
| --- |
| Click or tap here to enter text. |

How would you evaluate the applicant’s strengths and weaknesses as a potential exchange student?

|  |
| --- |
| Click or tap here to enter text. |

**The answers on this form are my own and represent my professional opinion of the applicant.**

**Signature of Evaluator: ­­­­­­­­­­­ Date:** Click to enter a date.