

Gamma Lambda of Phi Beta Delta Application

Application Deadline: April 8, 2016

Return all Materials to:

Center for International Studies and Programs, COE-356

Tel: (909) 537-5193

Purpose

The purpose of these scholarships is to support students engaged in international education. This includes those who are pursuing study abroad and those from other countries who are studying at California State University San Bernardino.

The funding that pays for these scholarships comes from fundraising by the Gamma Lambda Chapter of Phi Beta Delta and from donations and endowments. The actual amount given to scholarship winners may vary from year to year according to the funds available.

To be eligible to apply for a scholarship you need to be a member of Phi Beta Delta. Priority is given to those who can demonstrate active involvement in international education. Three letters of recommendation should be submitted with your application on the form supplied below.

Check List and Instructions for Applicants:

- All items in the application need to be filled in.
- If you need more space to complete item 12 you may attach an additional page.
- On the fourth page of the application there is a space for your Statement of Purpose. Be sure to type or write directly on the page. Be sure to sign at the bottom of the page.
- Request **three letters of recommendations** from persons who are very well acquainted with your international achievements. Please include at least one letter from a university instructor.

Note:

- * After your application file is complete it will be reviewed by the Phi Beta Delta scholarship committee which makes the final decision.
- * All applicants will be notified by mail about scholarship results in Spring quarter.

Phi Beta Delta

2016 Application

Thank you for typing or printing with black ink only. Please avoid abbreviations.
Fill in every item; incomplete applications cannot be considered.
(Please return this form to COE-356)

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1. Name: _____
Last, First, Middle

2. Student ID: _____

3. College: _____
Declared Major Minor Term/Year of first Enrollment at CSU

4. Current Address: _____
Street/PO Box number City State Zip Code

Permanent Phone Number: _____ Cell Number: _____

E-mail address: _____

5. Class level/number of units completed by end of the Fall term. (Check one box only)

Undergraduate:

Sophomore (30-59 semester or 45-89 quarter units)

Junior (60-89 ½ quarter units)

Senior (90 or more semester or 135 or more quarter units)

Post baccalaureate:

Master's Degree (Classified Graduate)

Second Bachelor's Degree

Credential

Number of Units

Completed by December 2015

_____ **Units**

6. College Grade Point Average (GPA=Grade Points + Units Attempted) Cumulative: _____ In Major: _____

7. Sex: Male Female

9. Birthplace: _____ City, _____ State, _____ Country

8. Date of Birth: _____

10. Country of Citizenship: _____

11. State of California residence status for campus registration fee purposes (*check one*):

- Resident

- Non Resident
- Out of State
- F-1 or J-1 Visa Student

12. List in chronological order all colleges and universities attended.

Name of Institution	Mo/Yr of Attendance From-To	Major (do not abbreviate)	Graduated/Expected Grad Mo/Yr	Date You Requested Transcr

13. How and when did you hear about the Phi Beta Delta Scholarship?

14. Have you resided, studied or traveled overseas? If so, please indicate below:

Location	Purpose of Stay	Length of Stay
Location	Purpose of Stay	Length of Stay
Location	Purpose of Stay	Length of Stay
Location	Purpose of Stay	Length of Stay

15. Besides college-level course work, describe any experience you have with languages other than English.

16. Beginning with most recent employment, please list your experience:

Employer	Position/Type of Work	Dates Employed	Hours per Week

17. Are you currently receiving financial aid? Yes No

Statement of Purpose

Please read before you complete: This should be a carefully written essay of 3 to 5 paragraphs that describes:

- 1) The purpose for which you would like to receive a Phi Beta Delta scholarship
- 2) How you intend to contribute to international relations or increase international understanding
- 3) How study abroad or coming from another country to study at California State University San Bernardino will contribute to your academic and career goals.

As the Statement of Purpose is one of the most important parts of your application, give it serious thought before putting the final version directly on this page. Use the space provided only; single spacing is acceptable, but please do not attach additional pages.

Note: If you fail to fully address these three (3) tasks, your application will not be considered.

I certify that the information given in this application is true and complete and that I have read and understood the "Instructions for Applicants."

Signature (Required) _____ Date _____

RECOMMENDATION

You may submit recommendations from employers, university staff or administrators. Make sure one is from an instructor.
Please type or print with black ink (Please return this form to COE-356)

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Applicant: Please complete top section.

Applicant's Name: _____

College: _____ Major: _____

Person Writing the Letter of Recommendation: (Please complete this section.)

1. In what capacity do you know the applicant? (Describe your association with the applicant and state how long you have known him/her).

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response).

	Excellent	Very Good	Average	Below Average	Unable to Attend
Academic Ability	4	3	2	1	0
Maturity	4	3	2	1	0
Cooperation and Adaptability	4	3	2	1	0
Initiative and Motivation	4	3	2	1	0
Extra-Curricular Activities	4	3	2	1	0

3. **Remarks:** Based on your knowledge of the applicant, please comment on his/her participation and commitment to international studies or activities.

Signature: _____ Printed Name: _____

Date: _____

Position: _____ Institution/Corporation: _____

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g(a)(1) and P.L. 397 of 1978. I have the right to read this recommendation.

Applicant's Signature: _____

Date: _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature: _____

Date: _____