

MSJ TRAVEL STUDY SCHOLARSHIP
College of Mount St. Joseph

The MSJ Travel Study Scholarship supports student participation in selected courses that include a travel component which enhances the student's learning.

Grants of \$500 per student will be awarded, subject to the availability of funds. Applications will be reviewed by a committee of faculty and staff who will award the grants based on the number of applicants and availability of funds. Eligible students can receive this grant award up to two times during their studies at the Mount.

Course Eligibility – S210 and S410

- IDS 360 – Japan

- ~~IDS 360 – Japan~~

• **The MSJ Travel Scholarships have been**
• **awarded for S210. Applications are no longer**
• **being accepted. The Committee will accept**
• **applications for S111 courses in the spring of**
• **2010.**

Student

Applicant

-
-
-

APPLICANT

Student

Student

Student

Trip Departure Date _____ Return Date _____

Course Number _____ Course Name _____ Fee _____

_____ I have attached my academic record

_____ I have attached a course description or event flyer

_____ I have asked _____ of the Mount's faculty/staff to submit a recommendation form.

Student's signature

Date

Office Use Only

Date Received _____

**FACULTY/STAFF RECOMMENDATION FORM
MSJ TRAVEL SCHOLARSHIP**

Student's Name _____ ID# _____

1. How long have you known this student and in what capacity?

2. Please evaluate this student in the following areas:
(5=Excellent, 4=Very Good, 3=Average, 2=Weak, 1=Poor)

	1	2	3	4	5
Cooperation					
Maturity					
Responsibility					
Interpersonal skills					
Self-confidence					
Motivation to complete experience					

_____ I recommend this student for the MSJ Travel Scholarship without reservation.

_____ I recommend this student for the MSJ Travel Scholarship with reservation. (Attach explanation.)

_____ At this time, I cannot recommend this student for the MSJ Travel Scholarship.

3. What do you consider this student's strengths which would contribute to a successful group experience? (Attach response.)

Faculty/Staff Signature _____ Date _____

Faculty/Staff member should submit this completed form to the Office of the Academic Dean or e-mail to beth_franzosa@mail.msj.edu .