



Travel-Study Scholarships Application

THE RAGSDALE SCHOLARSHIP

ph: 865.273.8991

fax: 865.981.8010

502 E. Lamar Alexander Pkwy

Maryville, Tennessee 37804

maryvillecollege.edu

Complete this form and return it to the Center for International Education, International House.
Please note that your signature below implies consent for the International Programming Committee
to have access to your financial aid records.

Ragsdale applicants:

Funding preference for Ragsdale Scholarships shall be given to extended study (semester or year-long) over short-term study or experimental trips. (Please note that Ragsdale Scholarships does not exceed \$2000 per student.)

DEADLINES:

OCTOBER 1 for travel in the spring semester / **MARCH 1** for travel in the summer session or fall semester

PERSONAL INFORMATION

Name: _____ Expected graduation date: ____/____/____

Campus address: _____ Campus phone number: _____

MC email address: _____

Major/Minor(s): _____

Program for which you are applying (host institution/country): _____

Duration of travel: _____

PROPOSED EXPENSES

Please list the following costs for your first-choice of study abroad sites.

Airfare (please talk to a travel agent or use an online source): _____

Airport Transfer: _____

Application Fees or Deposits: _____

Other travel related expenses (ex. visa fees, immunizations, insurance, commuting, etc): _____

Additional Costs related to an ISEP-DIRECT Program: _____

TOTAL Scholarship Amount Requested (max \$2,000): _____

STATEMENT

Please attach a 500-word essay explaining your reasons for applying for aid. The following questions should be addressed:

Explain (1) what is your financial situation? (2) why should you be given aid? (3) do you have any previous travel experience? and (4) why do you want to go? In other words, explain why it is important for you study abroad and how this experience fits into your Maryville education and life. Please also note that the IPC takes this essay very seriously when deciding upon a scholarship.

Signature of Applicant: _____

Date (dd/mm/yyyy): ____/____/____

FOR IPC USE: Financial Aid _____ Amount awarded _____ Award/Scholarship _____

Other notes: _____