



Cathy Hughes
School of Communications

STUDY AND WORK ABROAD TRAVEL GRANT GLOBALIZATION FUND APPLICATION

University Globalization Funding is awarded by the Cathy Hughes School of Communications each calendar year to students majoring in Communications who will complete coursework and/or internships outside of the United States. **You must be eligible to earn college credit to receive globalization funding.** The **AWARD** is per student on a one-time basis and is designed to **HELP** defray costs. Students are required to complete an application of interest and follow a competitive process.

MAXIMUM AWARD AMOUNT: \$1,500.00

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone _____ E-mail Address _____ D.O.B _____
Do you have a current passport? YES ☐ NO ☐ Student ID _____
Are you a citizen of the United States? YES ☐ NO ☐ Are you authorized to work outside of the U.S.? YES ☐ NO ☐
Travel Itinerary/Airport Codes: _____ Program Period: _____
Date of Departure: _____ AP Code: _____
Date of Return: _____ AP Code: _____

EDUCATION

Major _____ Minor/concentration _____
GPA _____ Date of Graduation _____ Academic Year _____

PROGRAM INFORMATION

Name of Program: _____
Country Visiting: _____

Website: _____

Address _____

Program Contact: _____

Type of Program: ☐ Courses / Study ☐ Internship / Work experience

Total Estimated Program Costs

Tuition/Fees: _____ Housing: _____
Airfare: _____ Meals: _____
Deadline(s) for Earnest Payment: _____ Earnest Payment Paid: Amount _____ Date _____

Sources of Other Support (Where else are you seeking financial support?)

Source 1: _____ Amount: \$ _____

Secured? ☐ yes ☐ no If no, date of decision for funding: _____

Source 2: _____ Amount: \$ _____

Secured? ☐ yes ☐ no If no, date of decision for funding: _____

Source 3: _____ Amount: \$ _____

Secured? ☐ yes ☐ no If no, date of decision for funding: _____

Source 4: Airfare not covered by other sources Amount: \$ _____

Personal Statement -- In 250 words, describe your motivation for studying abroad? Include your career/academic goals. Explain how will this program help you achieve them?

ALTERNATE CONTACT INFORMATION

PERMANENT (IF DIFFERENT FROM ABOVE)

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

CONTACT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

PLEASE NOTE:

1. Students are limited to a **one-time award** from the globalization fund during their tenure at Howard University.
2. Students must provide proof of acceptance in a study abroad program and where applicable provide verification of payment of the travel "earnest money" to the Study Abroad program. In addition, **students must complete the study abroad experience questionnaire on page 5** and return it to the Dean's office within 30 days or the completion of the study abroad travel. **Your grades will be entered upon completion of the questionnaire.**
3. Student **must have a zero balance** in their student accounts. If there is an existing balance in the student account, the globalization award will not be disbursed.
4. Students must have a **minimum cumulative 2.5 GPA**.
5. If you cancel your trip, you will be responsible for the refund to the University of the total amount of the award. If you fail to refund the University, the balance due will be attached to your student account.



TODAY'S DATE _____

NAME: _____ ID# _____ STUDY ABROAD SEM/YEAR _____

STUDY ABROAD LOCATION/PROGRAM _____

RETURN THIS POST TRIP SURVEY TO THE OFFICE OF THE DEAN, SUITE 109, WITHIN 30 DAYS OF RETURNING FROM YOUR STUDY ABROAD TRIP.
Your grades will not be entered until this form is returned.

POST TRIP - STUDY/INTERNSHIP ABROAD LEARNING EXPERIENCE SURVEY

1. What were the most rewarding aspects of your study abroad experience?	
2. How has your perspective changed as a result of study abroad? Will this experience impact your study or career decisions?	
3. Do you believe that you developed/gained specific skills as a result of your time abroad?	
4. Did you ever feel at an advantage/disadvantage compared to other local or exchange students? If so, what factors do you think contributed to your feelings (language preparation, etc)?	
5. Did you experience "culture shock"? If yes, what did you experience? Were you able to find someone with whom you could discuss your problems? Was adequate counseling and support available to you?	
6. Please list any other activities in which you participated during your study abroad (i.e. volunteer, service-learning, internships, etc.) and include a brief description of each.	

SOURCE: <http://www.millersville.edu/globaled/surveys/eval/>

APPENDIX

TRAVEL & EVENT WAIVER FOR DANGEROUS ACTIVITIES AND INTERNATIONAL TRAVEL - SEE EVENT PARTICIPATION RELEASE AGREEMENT <http://ogc.howard.edu/Contracts.html>

TERMS AND CONDITIONS

This agreement pertains to the proposed participation by the undersigned _____ in a Howard University event, known as the _____, scheduled for _____ [date] at the _____ [location of event]. In consideration for being allowed to participate, participant and participant's parent or legal guardian, if participant is a minor or otherwise without capacity (hereafter, "Participant"), hereby agrees to and accept all of the provisions herein.

1. General Release: Participant understands and acknowledges that participation in the Event has inherent dangers and is entirely voluntary. Additionally, components of the Event, including travel to and from the Event involve some element of risk. Participant shall assume such risks and not attempt to hold Howard University, its trustees, officers, employees, faculty members, or agents or any other person or entity involved with conducting the Event financially responsible or otherwise liable for any personal injury or death, or for the loss of or damage to any personal property arising out of, during, or in connection with the Event or Participant's participation therein, including but not limited to any injuries or death resulting from the rendering of emergency medical procedures or treatment, if any, pursuant to paragraph 4 below.

2. Event Changes, Cancellation or Termination: Participant understands and acknowledges that the University reserves the right to make cancellations, changes, or substitutions as it may deem necessary. Should the University cancel the Event for any reason, at its sole discretion, full refunds of Event fees (if any) will be made to those having paid such fees in accordance with current published University policies.

3. Insurance Coverage: The undersigned acknowledges that the University requires that all Participants be covered by appropriate accident and medical insurance and that Participants be financially responsible for any and all such expenses. By signing this form Participant represents and warrants that Participant is in compliance with this insurance requirement. Participant further acknowledges that the University recommends that Participants insure any personal property that will be brought, stored, or used on any property of the University.

4. Medical Treatment: Participant acknowledges that while Participant is participating in the Event, an emergency may develop that necessitates medical care, hospitalization, or surgery. The University assumes no responsibility for providing or arranging for such medical treatment. However, should the University undertake to provide or arrange for such treatment it will, to the extent it deems practicable, attempt to contact the person designated below, prior authorizing or arranging for such treatment. What is practicable may vary depending upon the nature of the emergency. Therefore, the undersigned authorizes the University, through any of its employees or agents, to secure any necessary emergency medical treatment on behalf of and at the expense of the Participant, including the administration of anesthesia and surgery. The undersigned acknowledges that such treatment shall be solely at Participant's expense and the undersigned agrees to reimburse the University for any expenses which it may incur on account of Participant's injury or treatment.

5. Voluntary or Involuntary Withdrawal or Dismissal: The undersigned acknowledges that all Participants are subject to University regulations, Event guidelines, and laws of the local jurisdiction. In the event of a violation of these or behavior deemed by the University to be detrimental to the interests of the University, other Participants, or the Event, the University, through its agents conducting the Event, shall have the right at its sole discretion to dismiss Participant from the Event. Such decision to dismiss shall be final. Participant agrees to pay for all costs arising out of Participant's voluntary or involuntary withdrawal from the Event prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. Participant shall not assert claims for or hold the University, its trustees, employees, officers, faculty, or agents or others involved in conducting the Event responsible for any costs or losses resulting from said Participant's participation or withdrawal.

6. Pledge: Participant hereby agrees to comply fully with the rules of the University and directions by its administrators or agents. Participant further agrees that the University has the right to enforce its standards of conduct and that should Participant fail to comply with them, the University has the right to terminate the

Participation in the Event with no refund of money paid, if any. Participant further agrees that the policies of the University may be applied to Participant and that the University shall have the right to exercise the policies of the University.

**I, THE PARTICIPANT, HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE
TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.**

SIGNATURE: _____ DATE: _____
(Parent or Guardian's Signature, if applicable)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone Numbers: Evening): _____ (Cell): _____

Person to contact in case of emergency: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone Numbers: (Day): _____ (Evening): _____

(Cell): _____

(FAX): _____

APPLICATION CHECK LIST

- ☐ APPLICATION FORM (must be typed)
- ☐ RESUME
- ☐ UNOFFICIAL TRANSCRIPT
- ☐ INFORMATION ABOUT THE STUDY ABROAD / INTERNATIONAL INTERNSHIP FROM THE SPONSORING ORGANIZATION
- ☐ PHOTOCOPY OF VALID PASSPORT
- ☐ POST TRIP SURVEY (TO BE RETURNED WITHIN 20 DAYS OF COMPLETION OF STUDY ABROAD EXPERIENCE)

RETURN APPLICATION TO

If you have any questions related to this application or regarding the Globalization Fund, contact Office of the Dean at 202-806-7694.