

**2025 Study Abroad Scholarship Application College
of Agricultural and Life Sciences (CALS)
University of Florida**

Instructions:

1. Applicants must be current College of Agricultural and Life Sciences undergraduate or graduate students in good standing, planning to participate in a College of Agricultural and Life Sciences based study abroad program in 2025.
2. Fill in parts A, B, and C yourself, and have the Faculty Program Director of the study abroad program you are interested in fill in part D. A list of CALS-based programs can be found at <https://cals.ufl.edu/getinvolved/studyabroad/studyabroad-programs/> along with Faculty Program Director information.
3. Fill in the top lines of the attached reference form and give to a reference to complete on your behalf.
4. Scholarship applications will be evaluated on the basis of financial need and academic record. ***Our office will work with the UF Office of Student Financial Aid to determine if you have financial need.***
5. Submit this application packet by **Friday February 14, 2025** via email to Matt Brannan (brannanm@ufl.edu), or hand-deliver to 2020 McCarty Hall D.

A. Applicant Information

Name _____ UFID _____ E-MAIL _____

Study Abroad Program and Travel Dates _____

Local Address _____

Phone: () _____ Classification ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Grad

Major (or intended major) _____ Specialization or track _____

Currently employed? ____ YES ____ NO Employer _____ Hrs/week _____

May we contact? ____ YES ____ NO Employer phone number _____

Foreign countries visited:

____ This will be my first trip outside the USA

____ I have visited the following places (if more than 3, list most recent):

Country	Dates	Purpose
1.		
2.		
3.		

Have you ever been convicted of an offense by one of the following? (If the answer to either question is yes, please explain on an attached sheet):

1. University of Florida or other Student Body Student Court? _____

2. Faculty Discipline committee or other university disciplinary body? _____

B. Financial Information

Your Application Will Be Reviewed Regardless Of Whether You Answers Questions 1 – 6 Below.

From which of the following sources do you expect to receive financial assistance or generate funds to cover the cost of your study abroad program:

- | | |
|--|------------------------|
| 1. Bright Futures <input type="checkbox"/> | Amount Expected: _____ |
| 2. Scholarship <input type="checkbox"/> | Amount Expected: _____ |
| 3. Part-Time Employment <input type="checkbox"/> | Amount Expected: _____ |
| 4. Loans <input type="checkbox"/> | Amount Expected: _____ |
| 5. Parents or Spouse <input type="checkbox"/> | Amount Expected: _____ |
| 6. Savings <input type="checkbox"/> | Amount Expected: _____ |

C. Student's Certification Signature & Hometown Newspaper Information

I CERTIFY THAT all information given on this application is true, correct, and complete to the best of my knowledge. If I am awarded a scholarship, the College of Agricultural and Life Sciences can release information regarding my academic performance at the IFAS/CALS Events and to the news media.

Signature: _____ Date _____

If selected, please send news of a scholarship to: (Name of Newspaper) _____

Street Address _____ City _____ State _____ Zip _____

D. Study abroad Program Director (for the program you are attending):

Student meets all eligibility requirements for program ___ YES ___ NO

Additional Comments:

Name (print) _____ Signature _____

**University of Florida
College of Agricultural and Life Sciences (CALs)
Study Abroad Scholarship Application
Letter of Recommendation**

To the applicant: Please type or print the first lines yourself and give to your reference. CALS must receive the form by **February 14, 2025**.

Applicant Name _____ UFID _____

Name of reference who will complete this form: _____

To the reference: Please rate the applicant with others of the same age and academic level.

Evaluation Criterion	Lower 1/3	Middle 1/3	Upper 1/3	Upper 10%	Upper 2%	Unable to Rate
Leadership Skills						
Scholastic Ability						
Emotional Maturity						
Dependability						

How long have you known the applicant? _____ In what capacity: _____

Please use the rest of this form to evaluate the applicant's suitability as a scholarship recipient.

_____	_____	_____	_____
Title	Institution	Signature	Date

The University of Florida does not discriminate on the basis of age, race, national or ethnic origin, religious preference, disability or gender in any aspects of its operations.

Send to:

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2020 McCarty D
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FAX: 352-392-8988
email: brannanm@ufl.edu