**DAVID & ELEANOR MORLEY ENDOWED SCHOLARSHIP 2019 APPLICATION**

**TO BE FILLED OUT BY SCHOLARSHIP CANDIDATE**

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| **CANDIDATE NAME** |  |
| **HOME ADDRESS (must have a central MA home address to qualify)** | |
| **NUMBER AND STREET** |  |
| **CITY, MA, ZIP** | MA \_\_\_\_\_\_-\_\_\_\_ |
| **MAILING ADDRESS (If different from Central MA Home Address)** | |
| **NUMBER AND STREET** |  |
| **CITY, STATE, ZIP** |  |
| **COUNTRY** |  |
| **CONTACT INFORMATION** | |
| **EMAIL ADDRESS(ES)** |  |
| **CELL PHONE NUMBER(S)** |  |

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| **UNIVERSITY/ INSTITUTION OF GRADUATE STUDY** | |
| **NAME** |  |
| **STREET ADDRESS** |  |
| **CITY, STATE, ZIP** |  |
| **COUNTRY** |  |
| **UNIVERSITY CONTACT INFORMATION** | |
| **CONTACT NAME** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NUMBER(S)** |  |

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| **D7910 SPONSORING ROTARY CLUB**  *(A Morley Scholarship candidate is required to have D7810 Rotary Club sponsorship)* | |
| **CLUB NAME** |  |
| **CLUB CONTACT** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NUMBER(S)** |  |

**CANDIDATE’S PLANNED ACTIVITIES**

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| **Rotary Area of Focus relevant to the planned study abroad:** (circle one of the six)  1. Peace and conflict resolution 2. Disease prevention & treatment  3. Economic & community development 4. Maternal & child health  5. Water & sanitation 6. Basic education & literacy |
| **In a few short sentences, tell us your objectives in applying the studies under this scholarship to the Rotary’s Area of Focus selected above:** |
| **Who will benefit from these post-study activities? Include the number of beneficiaries:** |
| **List/Explain the expenses covered by the scholarship.** |
| **What are the estimated travel dates?** |

**SPONSORING AND RECEIVING ROTARY CLUBS**

(Candidates should work with Rotarians including the D7910 Scholarship Subcommittee Chair on these sections)

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| **Sponsoring Rotary Club in D7910 (“The International Club”)**  **Describe the role of the international Rotarians in this activity, and list their specific responsibilities:** |
| **Receiving Rotary Club in the Country of Study (“The Host Club”)**  **Describe the role of the host Rotarians in this activity, and list their specific responsibilities:** |

**Candidate’s Budget**

**Detail your proposed expenses by adding items to the budget.** Note that the total budget cannot exceed $35,000.

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| **Item Description** | **Item Supplier** | **Item Category** | **Cost (in USD)** |
| TUITION | UNIVERSITY OF | TUITION |  |
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| **DETAILED CANDIDATE INFORMATION** | |
| **First Name** |  |
| **Last/Family Name** |  |
| **Citizenship** |  |
| **Gender** |  |
| **Street Address** |  |
| **Town/City, State, County** |  |
| **Zip/Postal Code** |  |
| **E-mail Address** |  |
| **Primary Telephone** |  |
| **Secondary Telephone** |  |
| **EMERGENCY CONTACT INFORMATION** | |
| **First Name** |  |
| **Last/Family Name** |  |
| **E-mail Address** |  |
| **Street Address** |  |
| **Town/City, State, County** |  |
| **Zip/Postal Code** |  |
| **Primary telephone** |  |
| **Secondary telephone** |  |
| **PRIOR EDUCATION** (Provide information on last two degrees/programs) | |
| **Name** |  |
| **Degree** |  |
| **Place of Study** |  |
| **Field of Study** |  |
|  | |
| **Name** |  |
| **Degree** |  |
| **Place of Study** |  |
| **Field of Study** |  |
| **SCHOLARSHIP INFORMATION** (About the academic program you plan to attend. | |
| **Educational Institution** |  |
| **Town/City, State and Country** |  |
| **Language of instruction** |  |
| **Website** |  |
| **Academic Program** |  |
| **Start and End Dates** |  |

**List the classes you plan to take, and provide relevant links to information about the program**

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| **Term 1**  **Sep – Dec 2019** | **Term 2 Jan – Mar 2020** | **Term 3 Apr –Jun 2020** | **Term 4 Jun – Sep 2019** |
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| **List any research details you plan to undertake:** | | | |
| **How does your educational, professional, and/or volunteer experience align with Rotary’s goals in the selected area of focus?** (You must read the publication Rotary Areas of Focus Policy Statement) | | | |
| **What are your plans immediately after the scholarship period?** | | | |
| **How do your long-term professional goals align with Rotary’s goals in the selected area of focus?** | | | |

Provide the University’s URL for more in-depth overview of the curriculum

**Signature:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** Scholarship Applicant

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_