



Center for
EUROPEAN STUDIES
at the University of Florida

Gerald R. Kunde, II Study Abroad Scholarship

Application Form

General Information

Name _____ **UFID** _____

Mailing Address:

Street _____

City _____ State _____ Zip _____

Phone _____ **Email** _____

Major _____ **College** _____

Year _____ **Expected Graduation** _____

Program Information

Name of Study Abroad Program _____

Location(s) _____

Faculty Director _____ Duration of program _____

Does the program have an experiential learning component Yes No

If yes, please briefly explain below:

Other Information

Have you travelled abroad before? Yes No

Are you a 1st generation college student Yes No

The Gerald R. Kunde, II Study Abroad Scholarship aims to provide UF undergraduate students financial support to study abroad. Priority will be given to those students with demonstrated financial need.

Please use the space below to disclose any information regarding your financial status or extenuating circumstances

I hereby affirm that I have read and understand all the requirements for eligibility of the Gerald R. Kunde II Scholarship. In addition, I affirm that all statements made on this application are true and authorize verification of such information. I affirm that any funds received under this award will be used only for expenses related to my study abroad experience. I understand that any false statements may result in the cancellation or repayment of any scholarships I may receive.

Signed _____

Date _____