

**Earlham-Sponsored EPIC Advantage Summer Programs Scholarship
Center for Global Education**

Name of EPIC Advantage _____

PERSONAL INFORMATION:

_____ Preferred first name (nickname)

Full legal name _____

Student ID # _____ Drawer # _____ Phone: _____

Email: _____ Major: _____

Home address: _____

Adviser: _____ Class year: _____ Have you received an CGE scholarship before: yes no
If yes, which program?

Have you participated on an off-campus program at Earlham? Yes___ No___

If yes, which one? _____

APPLICATION ESSAY:

Please respond to these questions on a separate piece of paper and attach it to this page. Please type your responses. Students are selected for these scholarships based on the quality of the application combined with a demonstrated financial need, as determined by CGE in consultation with the Financial Aid Office.

- (1) Describe how the EPIC Advantage Summer Program you selected will help you achieve your personal, academic and career goals. (500 words)

AGREEMENT:

I understand that if I am chosen as a recipient of a CGE Scholarship, I am responsible for any additional financial resources related to my EPIC Advantage Summer Program. I also understand that if I choose to withdraw from my EPIC Advantage Summer Program after receiving this scholarship, I am required to repay the funds to Earlham College.

In accepting this scholarship, I give permission for my application to be shared with the donor of the scholarship. I also agree to cooperate with the Alumni and Development Office to write a thank-you note to the donor of the scholarship.

Signature

Date