

# ROTARY DISTRICT 6060

## District Grant/Ambassadorial Scholar Application



Rotary Foundation District Grant can be used to fund scholarships with high-impact outcomes in any area of the world including the U.S. in the proximity of a Rotary Club.

You must submit this completed scholarship application form to a Rotary club in the area of your legal or permanent residence or place of full-time study or employment. Do not forward this application to The Rotary Foundation.

Please check with the local club to determine the availability of scholarships and application deadlines.

### SCHOLAR CONTACT INFORMATION

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender:    Male        Female   

Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Travel Insurance Carrier Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**LANGUAGES AND EDUCATION**

List the languages you speak (including native language) and your proficiency level.

Language	Proficiency

List the two educational institutions you have attended most recently.

Name of Educational Institution	Country	Field of Study	Degree Received

**PLANNED / PROPOSED ACADEMIC PROGRAM DETAILS**

Name of institution: \_\_\_\_\_

Location ( city and country): \_\_\_\_\_

Institution's Web site (URL): \_\_\_\_\_

Academic program: \_\_\_\_\_

Official language(s): \_\_\_\_\_

Anticipated start date: \_\_\_\_\_

Anticipated end date: \_\_\_\_\_

**AREA OF STUDY**

Please explain and describe your program of study.

Please describe your educational and professional goals and explain how the scholarship will help you to advance these goals.

## SUSTAINABILITY AND MEASURABILITY

How will you use your education to address a need on a long-term basis in your hosting and/or international sponsoring community(ies)?

## ATTACHMENTS

- With this document, I am providing 3 Recommendations.  
1 Personal Recommendation (other than family) and 2 Academic Recommendation from previous Institute.

With this document, I am providing proof of language skills, course transcripts, or other (If applicable) by checking the boxes below:

- Language exam  
 Course transcripts  
 Other \_\_\_\_\_

- With this document, I have attached an estimated budget of expenses.

## AGREEMENT

I accept the scholarship granted by District 6060 for study during the predetermined academic year(s).

I acknowledge that District 6060 has agreed to provide me a scholarship as described below.

In accepting this scholarship, I understand and agree that:

1. I have been provided with a copy of the Terms and Conditions for Rotary Foundation District Grants and Global Grants ("Terms and Conditions") and will adhere to all policies that apply to scholarships and the proper use of the funds awarded by District 6060.
2. I am not: (1) a Rotarian; (2) an employee of a club, district, or other Rotary entity, or of Rotary International; (3) the spouse, a lineal descendant (child or grandchild by blood or stepchild, legally adopted or not), the spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any person in the foregoing two categories.
3. My scholarship is provided for direct enrollment at the approved study institution, and my award funding is intended to defray my expenses only during my scholarship period as approved by District 6060. No other person's expenses, either directly or indirectly, will be covered by my award funding.
4. Depending on tax laws in my home and host countries, the scholarship may be taxable to me in part or in full, and I acknowledge that I am solely responsible for investigating and paying all taxes that pertain to the funding of my scholarship or otherwise result from residency in my home country.
5. I will live in the immediate vicinity of my approved study institution and in my host district so that I can participate in the Rotary club and district activities of my host district.

6. Deferral or postponement of studies after the scholarship study period has begun will not be considered or approved.
7. The duration of this scholarship is for consecutive terms within the approved scholarship academic year at the study institution; this scholarship is only for the undergraduate or graduate level (or equivalent) program(s) approved by District 6060; and under no circumstances will this scholarship be extended beyond the approved time period.
8. I will be responsible for arranging travel through Rotary International Travel Service (RITS) to and from the study institution and will follow all travel policies listed in the Terms and Conditions.
9. I will keep my international and host sponsors and my District 6060 coordinator at District 6060 advised of my current mailing address, telephone number, and email address at all times before, during and after my study period.
10. I will participate in mandatory pre-departure orientation activities offered by the sponsor Rotary club or district and club and district activities during the term of my scholarship as requested by my sponsors.
11. I will submit periodic progress reports as required for the term of my scholarship including a final report one month before completion of my scholarship period. I will send copies of my reports to my sponsor and District 6060 coordinator.
12. I will exercise good judgment in expressing opinions regarding controversial, political, racial, or religious issues so as to avoid offending others. In addition, I will abide by the local laws of my host country.
13. Rotary District 6060, my approved study institution, and any Rotary district, club, or individual Rotarian are in no way responsible for enabling me to pursue my studies beyond my scholarship period. If I choose to pursue studies beyond that period, all expenses will be my responsibility.
14. I will refrain from engaging in dangerous activities for the entirety of the scholarship period. I further confirm that I understand and agree to the following:
  - I am solely responsible for my actions and property while participating in and traveling to and from grant activities.
  - While participating in this scholarship, I may be involved in some dangerous activity including exposure to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this scholarship.
  - I do hereby release District 6060 from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant.

- If I, because of serious illness or injury, am unable to complete the terms of this agreement, I will return home. District 6060 shall not assume any additional costs including the cost of any medical care or treatment, now or in the future.
  - I shall be solely responsible for any and all costs and damages for any illness, injury, or other loss (including loss of consortium and emotional loss) incurred or suffered participating in, traveling to or from the grant activity, or otherwise related to the provision of the grant.
15. Scholars who engage in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, and contact with infectious diseases are reminded they are solely responsible (including providing for adequate insurance) for any and all liability that may arise from their participation in this activity.
16. I do hereby release District 6060 from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the scholarship, and am responsible for all costs not covered by the scholarship. I do hereby agree to defend, indemnify and hold harmless District 6060 from and against all claims (including, without limitation, claims for bodily injury or property damage), demands, actions, damages, losses, costs, liabilities, fines, expenses (including reasonable attorney's fees and other legal expenses), awards and judgments asserted against or recovered from District 6060 arising out of any act, conduct, omission, negligence, misconduct, unlawful acts, or violations of any of the terms and conditions that apply to this scholarship. The foregoing includes, without limitation, injury or damage to the person or property of District 6060 or any third party, whether or not subject to any policy of insurance.
17. I will secure, for the duration of the trip, travel medical and accident insurance that includes the following *minimum* limits of benefits:
- US\$250,000 Medical care & hospitalization for basic major medical expenses, including accident and illness expense, hospitalization, and related benefits
  - US\$50,000 Emergency medical evacuation
  - US\$20,000 Repatriation of remains

I understand that this insurance must be valid in the country(ies) that I will travel to and visit during the duration of my participation, from the date of departure through the official end of the trip.

**Upon request, I will provide to the host sponsor, international sponsor, and District 6060 a certificate of insurance evidencing the required coverages.**

I understand that by requiring insurance herein, District 6060 does not represent that these coverages and limits will necessarily be adequate to protect me. I should consult with an insurance professional to determine which coverages and limits will be adequate to cover me in the geographical location(s) visited.

I understand that District 6060 does not provide any type of insurance to the scholar.

18. All matters concerning transportation arrangements, language training, insurance, housing, passports, visas, inoculations, and financial readiness are my personal responsibility and not that of any individual Rotarian, Rotary club or district, including District 6060.
19. I will abide by all District 6060 decisions related to travel safety. Therefore, if District 6060 determines, in its sole discretion, at any point in the scholarship period that my safety in the country where I am studying could be or is at risk, District 6060 may require that I return home immediately. In such instances, I agree further to abide by District 6060 decision as to the subsequent availability of my scholarship.
20. Any actions of mine that result in the following situations will be properly construed as sufficient grounds for revocation of my scholarship: (a) failure to complete all pre-departure requirements in a timely manner; (b) failure to keep my sponsoring club and district and my District 6060 grant coordinator advised of my current mailing address, telephone number, and e-mail address at all times; (c) failure to maintain good academic standing pursuant to university standards throughout the scholarship period; (d) evidence of misconduct; (e) failure to submit reports on time; (f) change in course of study or program without the written consent of District 6060; (g) withdrawal from the institution or course of study or program of training prior to the expiration of the term of the award; (h) failure to remain in the approved host district for the duration of the scholarship award; (i) deficient knowledge of the local language in the country of study; (j) failure to adequately fulfill the terms and conditions of this agreement and (k) any contingency preventing me from fulfilling all the obligations of the scholarship. My host or international district(s) may also request that my scholarship be revoked on any of the above grounds.
21. If I terminate my scholarship, or if my scholarship is terminated by District 6060, I forfeit all rights to any additional District 6060 funding and will return any unused portion of my award.
22. I will promptly return any unused grant funds to District 6060.
23. District 6060 is permitted to share my name and contact details with other scholars and Rotary districts upon request. Unless I indicate otherwise in writing, by submission of any photos in connection with my report(s), I hereby give publication rights to District 6060 for promotional purposes to further the Object of Rotary, including but not limited to District 6060 publications, advertisements, and Web sites. I also authorize RI and TRF to share photos from my final report with Rotary entities for promotional purposes to further the Object of Rotary.

The laws of the State of Missouri shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement.

Please confirm the following:

- I have read and agree to the Terms and Conditions of Rotary Foundation District Grants and Global Grants and the above terms of agreement associated with my participation in this grant.
- My health is adequate for international travel and all grant activities during the scholarship period.
- I understand that I am required to secure travel medical and accident insurance as outlined in the scholar agreement and that I must provide details about these coverages in the emergency contact section above. I understand that this insurance must be valid for all countries visited during the scholarship period.
- I understand that Rotary District 6060, Rotary International and The Rotary Foundation do not provide any type of insurance to scholars.
- I release District 6060 from any and all liability with regard to my involvement in this grant.

Name (please print): \_\_\_\_\_

Signature (mandatory): \_\_\_\_\_

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

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# RECOMMENDATION FORM

## SECTION I — To be completed by the applicant.

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Name of Applicant

Rotary club/sponsor Rotarian name and address

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I  waive  do not waive my right to access information on the Recommendation Form.

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Signature of Applicant

## SECTION II — To be completed by an academic instructor or employer/supervisor.

1. In what capacity and how long have you known the applicant?
  
2. How firm is the applicant's commitment to his/her proposed field of study?
  
3. In what way would study abroad contribute to the applicant's academic or professional development?
  
4. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Very Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please cite specific examples of how the applicant has demonstrated the qualities listed in question 4.

6. Additional comments:

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Name	Title or Position	
Signature	Date	
Institution		
Telephone	Fax	E-mail

Please return completed evaluation to the Rotary club or sponsor Rotarian listed on the previous page.  
Do not send this form directly to The Rotary Foundation.