College of Health and Human Sciences
Scholarship Application Form
Charles V. and Audrey Palm Riker Fund for HDFS
(For HDFS Students only)

Name: ___________________________  Student ID #: ____________-__________

Mobile Phone #: (____)_____-_________  Home Phone #: (____)_____-_________

Local Address:  City:  State: ___  Zip Code: ______
______________________________  __________________________

Home Address:  City:  State: ___  Zip Code: ______
______________________________  __________________________

E-mail Address: ______________@purdue.edu  Non-Purdue E-mail Address: ______________

GPA: ______ (must be at least 3.0)  Class Standing: ________________________

HDFS Major or Minor: ________________________________

Name of 2015-2016 Study Abroad Program applying to: ________________________________

Before you can be considered eligible for a HHS Study Abroad Scholarship, you must:
• Submit a two-page essay (double spaced) covering the following topics:
  a. Why you would like to participate in a Study Abroad program and what you expect to gain from it.
  b. How this study abroad experience relates to your educational objectives and career aspirations.
  c. Describe any financial constraints you are facing. If applicable, describe changes in financial standing (i.e. recent loss of income), additional family expenses due to illness or death, or other unique circumstances (i.e. non-contributing parent, loss of aid/scholarship, etc.).
  d. How you will share the study abroad experience with others.
• Provide your official up-to-date transcript from Purdue University.
• Provide your current resume.
• Provide two letters of recommendation: one must be from a faculty or staff member at Purdue. Each letter must be accompanied with the completed recommendation form.
• All documents must be received by February 12, 2016.

If I’m selected, I understand that I must commit to actively promoting HHS Study Abroad Programs by attending and participating in events such as the HHS Study Abroad Fair. I agree to correspond with the Dr. Riker before, during and/or after the study abroad experience.

Signature: ___________________________  Date: ______________________

Return completed application form, essay, transcript, resume, and recommendation letters to:
Doran French, Department Head, HDFS, Hanley Hall, Room 256, West Lafayette, IN  47907

For more information contact Doran French at (765) 494-9511 or defrench@purdue.edu