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

Name: _______________________________        Student ID #: __________ - __________

Cell Phone #: (______)______-___________        Home Phone #: (______)______-___________

________________________________________________________________________________
Local Address                                      City                        State                     Zip

________________________________________________________________________________
Home Address                                      City                        State                     Zip

________________________________________________________________________________
E-mail Address -------------------------- Non-Purdue E-mail Address

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

HDFS Major: ______________________________

Name of Study Abroad Program you are 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 one letter of recommendation. The letter must be from a faculty or staff member at Purdue.

☐ All documents must be received by Friday, February 7, 2020.

If I’m selected, I understand that I must commit to actively promoting HHS Study Abroad Programs by
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 letter 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