

UNIVERSITY OF IOWA ALUMNI ASSOCIATION - IOWA VOYAGERS
DR. KEN MAGID CHILD ADVOCACY SERVICE SCHOLARSHIP
APPLICATION FORM -ROMANIA

All information must be provided and all questions answered. Incomplete applications will not be considered.

Personal Information

Full Name: _____

Student I.D. or SSN: _____

Birth date: _____

Local mailing address: _____

Local phone number: _____

Email address: _____

Permanent or parent mailing address: _____
(if different from above)

Permanent or parent phone number: _____

Currently a full-time student: ___yes ___no

Year of UI enrollment: ___freshman ___sophomore ___junior ___senior ___grad student

I am currently enrolled or expect to enroll for the semester immediately prior to the trip dates: ___yes ___no

I am currently enrolled or expect to enroll for the semester following the trip dates:
___yes ___no

University of Iowa major field(s) of study: _____

Do you have a valid U.S. Passport? _____

Please list any previous travel, study or work experience abroad, if any.

I certify to the best of my knowledge that the information I've entered on this application is true and accurate.

Signature _____ Date _____

Confidentiality Statement: The University of Iowa Alumni Association requests the above information solely for the purpose of making a recommendation concerning your application for this scholarship. The information may be shared with the scholarship review committee. If you are selected to receive the scholarship, the information may also be shared with the tour provider. No other persons outside the Alumni Association are routinely provided this information.